

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 4 - 1892
2. Name,	Mary L Watson
(Maiden Name),*	Mary L Colcord
(Name of Husband),*	William H Watson
3. Sex, and whether single, Married, or Widowed,	Female Married
4. Color,†	
5. Age,	78 Years, 8 Months, 5 Days.
(Disease or Cause of Death,	Consumption of Lungs
6. Duration of Sickness, .	Two Years
(By whom certified, .	
7. Residence,	Fairville Southboro
8. Occupation,	Domestic
9. Place of Death, . . .	Fairville Southboro
10. Place of Birth, . . .	Hallowell Maine
11. Name of Father, . . .	Gideon Colcord
12. Name of Mother, . . .	Sarah (Marion) Colcord
13. Birthplace of Father, .	Gardner Maine
14. Birthplace of Mother, .	Pittston Maine
15. Place of Interment, .	Southboro Mass
Signature of Undertaker or other person making the Return,	Wm E Macfarland

DATED at Fairville, on Jan 4 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mr. Watson

Date and Place of Death, -

died at

Fairville - Mass

Jan 4th 1891

Disease or Cause of Death, -

of Phthisis of lungs

Duration of Sickness

Three years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. Cullen Walker

Date of Certificate,

Jan. 6th 1891

* Or Sex of Infant (not named).

No. of Permit.....

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.

1892.
Date of Death, Jan 19th 1892
Name, Cynthia M. Brigham
Maiden Name, * Bernis Sex, Female
Married, single or widow, wife of Cyrus Brigham
Color, Age, 67 years, 3 mos., 14 days.
Residence, Southboro Mass.
Place of death, Street and No. Southboro Ward,
Place of Birth, Belreue Occupation, Housewife
Name of Mother, Elizabeth Maiden Name Merrill
Name of Father, Lewis Bernis
Birthplace of Father, Vermont
Birthplace of Mother, Massachusetts
Place of Interment,† Chipman Cemetery Marlboro

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker or other person }
making the return.

A. P. Ellithorpe

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Jan 19th 1892
Name of Deceased, Cynthia M. Brigham
Date and Place of Death, Jan 19th 1892 Marlboro Mass.
Disease or Cause of Death, Pneumonia *duration of, One week

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, G. E. Swift M.D. 97 North St. Marlboro Mass.

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 20, 1892
2. Name,	Erie Alley M ^{rs} Quarr
(Maiden Name),*	Annie J. Robertson
(Name of Husband),*	Alger M ^{rs} Quarr
3. Sex, and whether single,	Female
Married, or Widowed,	Married
4. Color,†	White
5. Age,	52 Years, 10 Months, . . . Days.
{ Disease or Cause of Death,	Phenomenia
{ Duration of Sickness,	48 hours
{ By whom certified,	J. Robertson
7. Residence,	Southboro
8. Occupation,	House Keeping
9. Place of Death,	Southboro
10. Place of Birth,	Acron Co. O. S.
11. Name of Father,	James J. Robertson
12. Name of Mother,	Abigail Robertson
13. Birthplace of Father,	Portland
14. Birthplace of Mother,	Portland
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on January 21 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 20 1892
2. Name,	Patrick Connors
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Widowed
4. Color,†	W
5. Age,	66 Years, 6 Months, 5 Days.
(Disease or Cause of Death, Primary and Secondary),‡	Pneumonia
6. Duration of Sickness, .	5 days
(By whom certified, .	Dr Butterfield
7. Residence,	Southboro
8. Occupation,	Mechanic
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	Ireland
11. Name of Father, . . .	Matthew Connors
12. Name of Mother, . . .	Mary Lufples
(Maiden Name),	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	Hopkinton Mass
Signature of Undertaker or other person making the Return,	E. L. Bridges

DATED at Hopkinton, on Jan 20 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Patrick Connors

Age,

66 yrs 6 months 21d

Date and Place of Death, -

died at

Southboro (Cordaville) Jan. 20

1892

Disease or Cause of Death, -

of

Pneumonia

Duration of Sickness

—

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

G. W. Butterfield M.D.

Date of Certificate,

Jan. 21

1892

*Or Sex of Infant (not named).

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Jan - 21 - 1892
 2. Name, . . . Adelia E. O'Brien
 (Maiden Name),* (Diana from Ann Parker.)
 (Name of Husband),*
 3. Sex, and whether single, Single
 Married, or Widowed,
 4. Color,† . . .
 5. Age, . . . 33 Years, - 7 Months, - 3 Days.
 { Disease or Cause of Death, Consumption of Lungs
 6. Duration of Sickness, 3 years
 By whom certified, .
 7. Residence, . . . Southville Southton
 8. Occupation, . . . Domestic
 9. Place of Death, . . . Southville Mass
 10. Place of Birth, . . . Framingham
 11. Name of Father, . . . James O'Brien
 12. Name of Mother, . . . Bridget (Shea)
 13. Birthplace of Father, . . . Ireland
 14. Birthplace of Mother, .
 15. Place of Interment, . . . Southville Mass
 Signature of Undertaker } Mr MacFarland
 or other person making }
 the Return, . . .

DATED at Southville, on Jan 22 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *24*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Jan. 24 1892</i>
2. Name,	<i>Clementina Berry</i>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	<i>1</i> Years, <i>4</i> Months, <i>17</i> Days.
{ Disease or Cause of Death,	<i>Croup & Pneumonia</i>
6. { Duration of Sickness, .	<i>Three days</i>
{ By whom certified, .	
7. Residence,	<i>Southton.</i>
8. Occupation,	<i>Contractor</i>
9. Place of Death,	<i>Southton</i>
10. Place of Birth,	<i>Frammingham</i>
11. Name of Father, . . .	<i>John Berry</i>
12. Name of Mother, . . .	<i>Maggie (Besine)</i>
13. Birthplace of Father, .	<i>Italy</i>
14. Birthplace of Mother, .	<i>"</i>
15. Place of Interment, .	<i>Southton</i>
Signature of Undertaker or other person making the Return,	<i>John Berry</i>

DATED at *Southton*, on *Jan. 25* 18*92*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



THIS IS TO CERTIFY.

To the best of my knowledge and belief,

Name of deceased in full.

That

age 80 years 7 months 16 days, died on the 30 day of Jan A.D. 1892
 of Old age
 Give, briefly, disease or other cause of death.

Its duration † was

There was also

Its duration † was

Was there an Autopsy?

Was death Sudden?

Signed at Southboro

Mass.,

1892

J. H. Robinson

M. D.

† Reckoned from the time of invasion of death.

Undertaker's Return of Death.

Name of deceased in full Ashbel Howe
 Maiden Name.

Date of Death.

Jan 30 1892

Condition: [1]

Single

Married

Widow

Widower

Age, 80 Years 7 Months 16 Days

Wife or Widow of

Place of Death. [2]

Southboro Mass

Sex.

*Color.

Male

Residence

Southboro
Warboro

Place of Birth.

Name of Father

His Birth Place. [3]

Jonah Howe

Name of Mother.

Her Birth Place. [4]

Place.

Interment Southboro

Date.

February 1 1892

This return is made by Undertaker

A. L. Thomas

Dated Jan. 30 1892

Of Framingham

1. Erase the words which do NOT indicate the condition.

2, 3, 4. Insert Town and State.

*W, White. B, Black.

Countersigned and Approved this _____ day of _____ 18

Agent Board of Health.

(SEE BACK.)

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	7 Feb 1892
2. Name,	Miss Esther D Richards
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	89 Years, 1 Months, 8 Days.
(Disease or Cause of Death,	Gunshot
6. { Duration of Sickness, .	2 weeks
{ By whom certified, .	no Phys
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Fairville,
10. Place of Birth,	Southboro
11. Name of Father,	Steven Richards
12. Name of Mother,	Nancy Richards
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Feb 8 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 19 - 1892
2. Name,	Patrick Fitzgerald
(Maiden Name),*	-
(Name of Husband),*	-
3. Sex, and whether single, Married, or Widowed,	M. W. W.
4. Color,†	W
5. Age,	70 Years, - Months, - Days.
{ Disease or Cause of Death,	Cancer of Bowells
{ Duration of Sickness, .	about one year
{ By whom certified, .	Dr Robinson M.D
7. Residence,	Southboro Mass
8. Occupation,	Farmer
9. Place of Death,	Southboro Mass
10. Place of Birth,	Ireland
11. Name of Father,	John
12. Name of Mother,	Hannah Kennedy
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	
15. Place of Interment,	Marlboro Mass
Signature of Undertaker or other person making the Return,	} F. A. McGill

DATED at, on 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Patrick Fitzgerald

Date and Place of Death, -

died at Southboro February 19th 1892,

Disease or Cause of Death, -

of Cancer of bowels Duration of Sickness About
twelve months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician.....

J. Henry Robinson M.D.

Southboro Mass

Date of Certificate,

Feb. 19th 1892

* Or Sex of Infant (not named).

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Feb 22 1892

2. Name, . . . Alfred Mower

(Maiden Name),* . . .

(Name of Husband),* . . .

3. Sex, and whether single,
Married, or Widowed, Widowed

4. Color,† . . .

5. Age, . . . 87 Years, 3 Months, 15 Days.

{ Disease or Cause of Death, La Grippe & old age

6. { Duration of Sickness, 9 Weeks

{ By whom certified, . . .

7. Residence, . . . Charlton Mass

8. Occupation, . . . farmer

9. Place of Death, . . . Southboro

10. Place of Birth, . . . Green Maine

11. Name of Father, . . . Marybeth Mower

12. Name of Mother, . . . Charles Curtis

13. Birthplace of Father, . . . Charlton Mass

14. Birthplace of Mother, . . . " "

15. Place of Interment, . . . Charlton - "

Signature of Undertaker
or other person making
the Return, . . . } W. H. Magersted

DATED at Southboro, on Feb-23 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 26 1892
2. Name,	Lusetta A. Enshank
(Maiden Name),*	" " Roberts
(Name of Husband),*	Wm B Enshank
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	71 Years, Months, Days.
{ Disease or Cause of Death,	Goitre
6. { Duration of Sickness, .	8 months
{ By whom certified, .	Dr Seabury
7. Residence,	Southboro
8. Occupation,	Domestic
9. Place of Death, . . .	Southboro Mass
10. Place of Birth, . . .	Standstead Maine
11. Name of Father, . .	John Roberts
12. Name of Mother, . .	Hannah (Clark)
13. Birthplace of Father, .	Maricott N.H.
14. Birthplace of Mother, .	Danversville N.H.
15. Place of Interment, .	Southboro Mass
Signature of Undertaker or other person making the Return,	Wm B. Seabury
DATED at Southboro, on Feb 26 1892	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *12*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>April 20 1892</i>
2. Name,	<i>Mrs John Turner</i>
(Maiden Name),*	<i>Barb of Corkum</i>
(Name of Husband),*	<i>John W. Turner</i>
3. Sex, and whether single, Married, or Widowed,	<i>Married</i>
4. Color,†	<i>White</i>
5. Age,	<i>38 Years, 2 Months, 1 Days.</i>
(Disease or Cause of Death,	<i>Consumption</i>
6. Duration of Sickness, .	<i>Two years</i>
(By whom certified, .	<i>Dr J B Walker</i>
7. Residence,	<i>Southborough Mass</i>
8. Occupation,	
9. Place of Death,	<i>Southborough Mass</i>
10. Place of Birth,	<i>New Ross of S</i>
11. Name of Father, . . .	<i>Joseph B Corkum</i>
12. Name of Mother, . . .	<i>Margaret E Corkum</i>
13. Birthplace of Father, .	<i>Chester N S</i>
14. Birthplace of Mother, .	<i>Chester N S</i>
15. Place of Interment, .	<i>Southborough Mass</i>
Signature of Undertaker or other person making the Return,	<i>Henry Newton</i>

DATED at *Southboro*, on *Apr 22* 18 *92*.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Apr 23 - 1892
2. Name,	Dexter Brewer
(Maiden Name),*	Born Feb 22, 1814
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	78 Years, 2 Months, 1 Days.
(Disease or Cause of Death,	Old age
6. Duration of Sickness,	4 years
(By whom certified,	
7. Residence,	Southville Southboro
8. Occupation,	Common Laborer
9. Place of Death,	Southville, Southboro
10. Place of Birth,	Southboro
11. Name of Father,	Jane Brewer
12. Name of Mother,	Lydia (Tozer)
13. Birthplace of Father,	Southboro
14. Birthplace of Mother,	Southboro
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Mr. Wright

DATED at Southville, on Apr 23, 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 13

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 23 1892
2. Name,	Willie L Collins
(Maiden Name),*	Fayville Mass
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	27 Years, Months, 24 Days.
{ Disease or Cause of Death,	Consumption Lungs
6. { Duration of Sickness, .	9 years
{ By whom certified, .	
7. Residence,	Fayville Mass
8. Occupation,	Brakeman
9. Place of Death, . . .	Fayville Mass
10. Place of Birth, . . .	" "
11. Name of Father, . .	Levell Collins
12. Name of Mother, . .	Lucy Pike Collins
13. Birthplace of Father, .	Scrutlero Mass
14. Birthplace of Mother, .	Westboro
15. Place of Interment, .	Scrutlero Centre
Signature of Undertaker or other person making the Return,	Wm R Macfarland

DATED at Scrutlero, on Apr 24 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 24 - 1892
2. Name,	Rusher Wiltson
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	75 Years, 4 Months, - 8 Days.
{ Disease or Cause of Death,	Apoplexy
{ Duration of Sickness, .	4 Days
{ By whom certified, .	
7. Residence,	South Long Mass
8. Occupation,	Retired from Business
9. Place of Death, . . .	Scituate
10. Place of Birth, . . .	Scituate Mass
11. Name of Father, . . .	Ezekiel Wiltson
12. Name of Mother, . . .	Birth Elizabeth Wiltson
13. Birthplace of Father, .	Scituate Mass
14. Birthplace of Mother, .	Scituate Mass
15. Place of Interment, .	Scituate Mass
Signature of Undertaker or other person making the Return,	W R Magoried
DATED at Scituate, on Apr 26 1892	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 16

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr-29-1892
2. Name,	Ephraim H Chamberlain
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	73 Years, Months, Days.
(Disease or Cause of Death,	Nervous Prostration
6. Duration of Sickness, .	Three weeks
(By whom certified, . . .	
7. Residence,	Scituate Mass
8. Occupation,	Farmer
9. Place of Death,	Scituate
10. Place of Birth,	
11. Name of Father, . . .	John Chamberlain
12. Name of Mother, . . .	Lucy Teys
13. Birthplace of Father, .	Scituate
14. Birthplace of Mother, .	
15. Place of Interment, . .	Scituate Mass
Signature of Undertaker or other person making the Return,	Mr Macfarland
DATED at Scituate, on Apr 30 1892	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the City of Boston
(City or Town)
during the month of April 1892.

1. Date of Death, . . .	<u>April 30 1892.</u>
2. Name,	<u>Luzan Ball</u>
(Maiden Name), . . .	<u>Gay</u>
(Name of Husband), .	<u>Lullivan</u>
3. Sex, and whether single,	<u>Female</u>
Married, or Widowed,	<u>Married</u>
4. Color,	<u>White</u>
5. Age,	<u>63</u> Years, . . . Months, . . . Days.
{ Disease or Cause of Death,	<u>Cancer of abdominal organs, - Laparotomy</u>
6. { Duration of Sickness,	<u>3 mos.</u>
{ By whom certified, . .	<u>John Homan M. D.</u>
7. Residence,	<u>Southboro</u>
8. Occupation,	<u>-</u>
9. Place of Death, . . .	<u>Boston</u>
10. Place of Birth, . . .	<u>Southboro</u>
11. Name of Father, . . .	<u>Grant</u>
12. Name of Mother, . . .	<u>(Lillifield)</u>
(Maiden Name.)	
13. Birthplace of Father, .	<u>Southboro</u>
14. Birthplace of Mother, .	<u>"</u>
15. Place of Interment, .	<u>"</u>

I certify that the foregoing is a true copy.

Attest:

Franklin D. Rideout
Acting City Registrar Clerk.
(City or Town.)

May 5 1892

No. 18

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 15 1892
2. Name,	Mary O'Brien
(Maiden Name),* . . .	
(Name of Husband),* . . .	
3. Sex, and whether single, . . .	F.
Married, or Widowed, . . .	M
4. Color,†	
5. Age,	74 Years, . . . Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary),‡ . . .	Acute Mania
6. Duration of Sickness, . . .	9 days at Hospital
(By whom certified, . . .	Ellen L. Keith M.D.
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Westboro
10. Place of Birth,	Ireland
11. Name of Father,	Thomas M. Mahon
12. Name of Mother,	Elizabeth Morrissey
(Maiden Name),	
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	"
15. Place of Interment,	Waltham Mass
Signature of Undertaker or other person making the Return,	at true copy Attest Henry L. Chase Town Clerk

DATED at, on 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 109

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 19 th 1892.
2. Name,	John A. Richards.
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male & Unmarried
4. Color,†	
5. Age,	75 Years, 7 Months, 3 Days.
Disease or Cause of Death,	
6. Duration of Sickness, .	4 Months
By whom certified, .	
7. Residence,	Southboro
8. Occupation,	Farmer
9. Place of Death, . . .	Gayville
10. Place of Birth, . . .	Southboro
11. Name of Father, . .	E. S. Richards
12. Name of Mother, . .	Nancy Richards
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro.
Signature of Undertaker or other person making the Return,	

DATED at _____, on May 26 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 20

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May -31 -1892
2. Name,	Fela L Bruce
(Maiden Name),*	" Macker
(Name of Husband),*	Lycom Bruce
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	25 Years, 8 Months, Days.
Disease or Cause of Death,	Consumption
6. Duration of Sickness, .	1 year 6 months
By whom certified, .	
7. Residence,	Fairfield Mass
8. Occupation,	House Wife
9. Place of Death, . . .	Fairfield Scituate
10. Place of Birth, . . .	" "
11. Name of Father, . .	Amariah Macker
12. Name of Mother, . .	Sophia Bigelow
13. Birthplace of Father, .	Grafton Mass
14. Birthplace of Mother, .	Medway " "
15. Place of Interment, .	Westboro Mass
Signature of Undertaker or other person making the Return,	J. M. Macfarland

DATED at Fairfield, on May -31 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *71*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *June 17.*
2. Name, *Eliza C. Collins*
 (Maiden Name),* . *Eliza C. Baynton*
 (Name of Husband),* *Dennis Collins*
3. Sex, and whether single,
 Married, or Widowed, *Married*
4. Color,†
5. Age, *82* Years, *3* Months, *8* Days.
- (Disease or Cause of Death, *Pertinular*
 6. { Duration of Sickness, . *four days*
 By whom certified, . *Dr. Robertson*
7. Residence, *Southboro*
8. Occupation, *Home Keeper*
9. Place of Death, *Southboro*
10. Place of Birth, *Wethers*
11. Name of Father, *Nathan Baynton*
12. Name of Mother, *Mary Baynton*
13. Birthplace of Father, *Framingham*
14. Birthplace of Mother, *Wethers*
15. Place of Interment, *Southboro*

Signature of Undertaker
 or other person making
 the Return,

} *Henry Newton*

DATED at *Southboro*, on *June 19.* 18 *92*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *22*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>July 11 1892</i>
2. Name,	<i>Sophia Wilderth</i>
(Maiden Name),* . .	<i>" " DeLoft</i>
(Name of Husband),* .	<i>Samuel Wilderth</i>
3. Sex, and whether single, Married, or Widowed,	<i>Widowed</i>
4. Color,†	
5. Age,	<i>91 Years, 5 Months, 16 Days.</i>
Disease or Cause of Death,	<i>Old age & La Grippe</i>
6. Duration of Sickness, .	<i>8 months</i>
By whom certified, .	<i>Geo. W. Butler Fielding</i>
7. Residence,	<i>Fairville Southboro</i>
8. Occupation,	<i>Retired Laborer</i>
9. Place of Death, . . .	<i>Fairville Mass</i>
10. Place of Birth, . . .	<i>Cecilia NH</i>
11. Name of Father, . .	<i>Benjamin DeLoft</i>
12. Name of Mother, . .	<i>Elkath Kelly</i>
13. Birthplace of Father, .	<i>Raymond NH</i>
14. Birthplace of Mother, .	<i>" "</i>
15. Place of Interment, .	<i>Boston Dorchester Dis</i>
Signature of Undertaker or other person making the Return,	<i>Wm Macfarlane</i>

DATED at *Fairville*, on *July 11* 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 23

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July-15-1892
2. Name,	Etta Pope
(Maiden Name),*	Etta
(Name of Husband),*	Henry T. Pope
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	42 Years, 3 Months, - 8 Days.
(Disease or Cause of Death,	Brain fever
6. Duration of Sickness, .	8 months
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	Domestic
9. Place of Death, . . .	Southboro Mass
10. Place of Birth, . . .	Europe
11. Name of Father, . .	Wm. Parker
12. Name of Mother, . .	Mary "
13. Birthplace of Father, .	Europe "
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Wm. Parker

DATED at Southboro, on July 15- 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 24

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 18 1892
2. Name,	Charian A Nichols
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	16 Years, 3 Months, 4 Days.
{ Disease or Cause of Death,	Galloping Consumption
6. Duration of Sickness, .	3 1/2 months
{ By whom certified, .	Dr Butterfield
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Southboro Mass
10. Place of Birth,	Brookfield Mass
11. Name of Father,	Austin S. Nichols
12. Name of Mother,	Josephine Bond
13. Birthplace of Father,	Brookfield Mass
14. Birthplace of Mother,	Sturbridge Mass
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on July 18 1892.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *25*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>July 27 1892</i>
2. Name,	<i>Patrick Guilfoil</i>
(Maiden Name),* . . .	
3. Sex, and whether single, Married, or Widowed,	<i>Male</i>
4. Color, †	<i>White</i>
5. Age,	<i>—</i> Years, <i>4</i> Months, <i>6</i> Days.
{ Disease or Cause of Death,	<i>Cholera Infantum</i>
6. Duration of Sickness, .	<i>Two days</i>
{ By whom certified, . .	<i>F. Elmore</i>
7. Residence,	<i>Southboro</i>
8. Place of Death, . . .	<i>Southboro</i>
9. Occupation,	<i>—</i>
10. Place of Birth, . . .	<i>Southboro</i>
11. Name of Father, . . .	<i>Patrick Guilfoil</i>
12. Name of Mother, . . .	<i>Catharine Beatty</i>
13. Birthplace of Father, .	<i>New Brunswick</i>
14. Birthplace of Mother, .	<i>New Brunswick</i>
15. Place of Interment, . .	<i>Hopkinton</i>
Signature of Undertaker or other person making the Return,	{

DATED at *Southboro*, on *July 27* 189*2*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 26

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 29 th 1892
2. Name,	Aubrey W Stivers
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color,†	
5. Age,	Years, 4 Months, 10 Days. 18
{ Disease or Cause of Death,	Conjestion of the Bronchial tubes
{ Duration of Sickness, .	6 days
{ By whom certified, .	J. Luther Walker
7. Residence,	Southboro
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	Kings County Nova Scotia
11. Name of Father, . .	William Y Stivers
12. Name of Mother, . .	Annie V Stivers
13. Birthplace of Father, .	Kings Co Nova Scotia
14. Birthplace of Mother, .	" " " "
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	{ Henry Newton

DATED at Southboro, on July 30 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Aubrey Watson Stevens

Date and Place of Death, -

died at Southboro, Mass. July 29 1892

Disease or Cause of Death, -

of Congestion of lungs
result of Quinsy. Duration of Sickness ten days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician.....

J. Carter Walker -

Date of Certificate,.....

Aug. 1st 1892

* Or Sex of Infant (not named).

No. *27*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

July 29 1892

2. Name, . . .

Eva May Stivers

(Maiden Name),*

(Name of Husband),*

3. Sex, and whether single,

Female

Married, or Widowed,

4. Color,† . . .

5. Age, . . .

Years, Months, Days. *29*

Disease or Cause of Death,

Pneumonia

6. Duration of Sickness, .

5 days

By whom certified, .

J. Luther Walker

7. Residence, . . .

Southboro

8. Occupation, . . .

9. Place of Death, . . .

Southboro

10. Place of Birth, . . .

Southboro

11. Name of Father, . . .

William T. Stivers

12. Name of Mother, . . .

Annie V. Stivers

13. Birthplace of Father, .

Kings County Nova Scotia

14. Birthplace of Mother, .

" " "

15. Place of Interment, .

*Southboro*Signature of Undertaker
or other person making
the Return, . . .*Henry Newton*DATED at *Southboro*, on *July 30* 18*92*.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

26

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Eva Stivers
Date and Place of Death, - died at Southboro. Mass., July 28 1892
Disease or Cause of Death, - of Pneumonia Duration of Sicknss two weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician J. Culver Walker

Date of Certificate, Aug 1st 1892

* Or Sex of Infant (not named).

No. 28

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 31 st 1899.
2. Name,	Warren Purmenter
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	78 Years, 5 Months, 3 Days.
(Disease or Cause of Death,	
6. { Duration of Sickness, .	
{ By whom certified, .	Dr. J. H. Robinson
7. Residence,	Southboro, Mass.
8. Occupation,	Book Agent
9. Place of Death,	Southboro.
10. Place of Birth,	Hammingham.
11. Name of Father,	Ozra
12. Name of Mother,	Susan
13. Birthplace of Father, . .	Marlboro
14. Birthplace of Mother, . .	Sudbury.
15. Place of Interment, . .	Southboro.
Signature of Undertaker or other person making the Return,	Hensy Benton

DATED at Southboro, on July 31 18 9.2

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 29

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Died Aug - 6 - 1892
2. Name,	Susan Williams
(Maiden Name), *	Carr
(Name of Husband), *	Wm Williams
3. Sex, and whether single, Married, or Widowed,	Married
4. Color, †	
5. Age,	38 Years, - 1 Months, 23 Days.
(Disease or Cause of Death,	Heart failure
6. { Duration of Sickness, .	3 weeks
{ By whom certified, .	
7. Residence,	Southboro
8. Occupation,	House Wife
9. Place of Death,	Southboro
10. Place of Birth,	Marionette Me
11. Name of Father,	Wm L Carr
12. Name of Mother,	Mary Magre C-
13. Birthplace of Father, .	Concord Me
14. Birthplace of Mother, .	Wethersfield Me
15. Place of Interment, . .	Southboro
Signature of Undertaker or other person making the Return,	Wm L Carr

DATED at Southboro, on Aug - 6 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Sudan Williams

Date and Place of Death, -

died at

Southboro, Mass., Aug. 6th 1892

Disease or Cause of Death, -

of

Heart failure

Duration of Sickness

3 weeks

caused by chronic disease of the stomach

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. Culver Harker

Date of Certificate,

Aug. 8th 1892

* Or Sex of Infant (not named).

No. 30

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Aug-15-1892

2. Name, Varience Newton

(Maiden Name),*

(Name of Husband),*

3. Sex, and whether single, Single

Married, or Widowed,

4. Color,†

5. Age, 71 Years, 4 Months, 18 Days.

(Disease or Cause of Death, Cancer

6. Duration of Sickness, 2 Months

By whom certified, H. Pickerson

7. Residence, Fairville

8. Occupation, Beam Street

9. Place of Death, Fairville Mass

10. Place of Birth, Southboro

11. Name of Father, Lincoln Newton

12. Name of Mother, Anne Newton

13. Birthplace of Father, Southboro Mass

14. Birthplace of Mother, " " " "

15. Place of Interment, " " " "

Signature of Undertaker
or other person making
the Return,

W. R. Macfarland

DATED at Southboro, on Aug 16 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Patience Newlon

Date and Place of Death, -

died at Southboro, Aug. 15th 1892,

Disease or Cause of Death, -

of Cancer Duration of Sickness 4 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. H. Robinson Southboro, Mass.

Date of Certificate, Aug. 16th 1892

* Or Sex of Infant (not named).

No. 31

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 18 - 92
2. Name,	Donald J. Lowrie
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	white
5. Age,	1 Years, 2 Months, 14 Days.
{ Disease or Cause of Death,	Cholera infantum
6. { Duration of Sickness, .	one week
{ By whom certified, .	Dr Bradley
7. Residence,	Northboro Southboro
8. Occupation,	
9. Place of Death, . . .	
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Donald J. Lowrie
12. Name of Mother, . . .	Margaret Lowrie
13. Birthplace of Father, .	Northfleet Eng.
14. Birthplace of Mother, .	Brookline Mass.
15. Place of Interment, .	Holyhood cemetery
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Aug 19 1892.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 32

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Giovani Remelli</i>
2. Name,	
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	<i>2</i> Years, <i>6</i> Months, — Days.
{ Disease or Cause of Death,	
{ Duration of Sickness, .	<i>Diphtheria</i>
{ By whom certified, .	
7. Residence,	<i>Southton, Fayville</i>
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	<i>Frammingham Mass</i>
11. Name of Father, . . .	<i>Julius</i>
12. Name of Mother, . . .	<i>Charlotte (Maccini)</i>
13. Birthplace of Father, .	<i>Italy</i>
14. Birthplace of Mother, .	
15. Place of Interment, .	<i>Frammingham</i>
Signature of Undertaker or other person making the Return,	<i>A E Barnay</i>

DATED at *Southton*, on *Aug. 28* 18*92*.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

John Romelli

Date and Place of Death, -

died at

Fayville

August 27th

1892

Disease or Cause of Death, -

of

Diphtheria

Duration of Sickness

No days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

Euseb. Bigelow

Date of Certificate,

August 28th

1892

* Or Sex of Infant (not named).

No. *32*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Aug 29 - 1892</i>
2. Name,	<i>Archie P. Jameson</i>
(Maiden Name),*	
(Name of Husband),*	<i>Single</i>
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	<i>24 Years, - 3 Months, 14 Days.</i>
Disease or Cause of Death,	<i>Killed by Cars</i>
6. Duration of Sickness, .	
By whom certified, .	
7. Residence,	<i>Worcester Mass</i>
8. Occupation,	<i>Gunsmith</i>
9. Place of Death, . . .	<i>Uxbridge Mass</i>
10. Place of Birth, . . .	<i>East Boston</i>
11. Name of Father, . . .	<i>John M. Jameson</i>
12. Name of Mother, . . .	<i>Sarah A. Wilson</i>
13. Birthplace of Father, .	<i>Dartmouth N.H.</i>
14. Birthplace of Mother, .	<i>Portland St John</i>
15. Place of Interment, .	<i>Southboro Mass</i>
Signature of Undertaker or other person making the Return,	<i>Wm Macfarland</i>

DATED at *Southboro*, on *Aug 30* 18*92*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 36

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 26 - 1892
2. Name,	Fannie Mullen
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	1 Years, 17 Months, 17 Days.
(Disease or Cause of Death,	Dysentery
6. { Duration of Sickness, .	Three weeks
{ By whom certified, .	
7. Residence,	Southville
8. Occupation,	
9. Place of Death, . . .	Southville
10. Place of Birth, . . .	"
11. Name of Father, . . .	John Mullen
12. Name of Mother, . . .	Delia Burns
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"
15. Place of Interment, .	Highston
Signature of Undertaker or other person making the Return,	W. Macfarland

DATED at Southville, on Sept - 26 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Katie Miller

Date and Place of Death, -

died at

Southmo Sept. 26

1892

Disease or Cause of Death, -

of

Infantile Diarrhoea

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

G. M. Butterfield M.D.

Date of Certificate,

Sept. 27

1892

* Or Sex of Infant (not named).

No. 34

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 26 - 1892
2. Name,	Mordeman H. Nelson
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widower
4. Color,†	
5. Age,	79 Years, - 3 Months, 12 Days.
(Disease or Cause of Death,	Bright's Disease
6. Duration of Sickness, .	4 Months
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	Clerk
9. Place of Death,	Southboro Mass
10. Place of Birth,	Litchfield Maine
11. Name of Father, . . .	Esther H. Nelson
12. Name of Mother, . . .	Lucretia Silbert
13. Birthplace of Father, .	Litchfield Me
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro Mass
Signature of Undertaker or other person making the Return,	Wm. H. Hagerland

DATED at Southboro, on Sept 27 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Woodman H. Watson

Date and Place of Death, -

died at

Fairville, Mass., Sept 26 1892

Disease or Cause of Death, -

of

Bright's Disease
of the kidneys.

Duration of Sickness

One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. C. Walker

Date of Certificate,

Sept 29 1892

* Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Archie P. Jameson.

Date and Place of Death, -

died at

Southborough, Mass., Aug. 29, 1892.

Disease or Cause of Death, -

of

Killed on the
railroad

Duration of Sickness

instant

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Henry A. Jewett, M.D., Northboro, Mass.,

Date of Certificate,

Aug 30th 1892

*Or Sex of Infant (not named).

No. 36

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 27 - 1892
2. Name,	John F. O'Brien
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 1 Months, 7 Days.
(Disease or Cause of Death,	
6. { Duration of Sickness, .	Three weeks
{ By whom certified, .	no doctor
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Southboro
10. Place of Birth,	
11. Name of Father,	James O'Brien
12. Name of Mother,	Mary Kearney
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	
15. Place of Interment, .	Newbury Mass
Signature of Undertaker or other person making the Return,	W. R. O'Brien

DATED at Southboro, on Sept-27 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 37

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov - 1 - 1892
2. Name, . . . Mamie Newton Gostyn
(Maiden Name),* . . . Newton
(Name of Husband),* . . . Geo Gostyn
3. Sex, and whether single,
Married, or Widowed, Married
4. Color,†
5. Age, 20 Years, - 3 Months, 22 Days.
- (Disease or Cause of Death, Heart Failure
6. { Duration of Sickness, . . . Three Weeks
By whom certified, . . . R. C. Parker
7. Residence, Southboro Mass
8. Occupation, Domestic
9. Place of Death, Southboro Mass
10. Place of Birth, Franklin "
11. Name of Father, Chas H Newton
12. Name of Mother, Weller M Butler
13. Birthplace of Father, Southboro Mass
14. Birthplace of Mother, Franklin "
15. Place of Interment, Southboro "

Signature of Undertaker
or other person making
the Return,

} R. C. Parker

DATED at Southboro , on Nov - 1 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mary Elizabeth Jocelyn
Date and Place of Death, - died at Southborough Mass Oct 3/1872
Disease or Cause of Death, - of Heart Failure; Duration of Sickness Three weeks
Cause from (overseal fever)

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician J. C. Walker
Date of Certificate, Nov 1st 1872

* Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mary Elizabeth Jocelyn

Date and Place of Death, -

died at

Southborough Mass Oct 3/1892

Disease or Cause of Death, -

of

Heart Failure, Duration of Sickness Three weeks

Cause from Periperal Fever

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician.....

J. C. Spather

Date of Certificate,

Nov 7th - 1892

* Or Sex of Infant (not named).

No. 38

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov-2 1892
2. Name,	Geo A Foster Jr
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, 24 Days.
{ Disease or Cause of Death,	
6. { Duration of Sickness, .	three weeks
{ By whom certified, .	J C Walker
7. Residence,	
8. Occupation,	
9. Place of Death,	Southboro Mass
10. Place of Birth,	" "
11. Name of Father,	Geo Foster
12. Name of Mother,	Mamie Newton
13. Birthplace of Father,	Banger Me
14. Birthplace of Mother,	Wrentham Mass
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Wm R. Macfarlane

DATED at Southboro, on Nov-2 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *George Albert Jocelyn*
Date and Place of Death, - died at *Southboro, Mass Nov 2 1892*
Disease or Cause of Death, - of *Septic poisoning* Duration of Sickness *one week*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician *J. C. Walker*
Date of Certificate, *Nov 2nd 1892*

* Or Sex of Infant (not named).

No. 39

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov 13 - 1892
2. Name,	Mary Norton
(Maiden Name),*	" Anna Norton
(Name of Husband),*	John A. Norton
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	69 Years, 2 Months, Days.
{ Disease or Cause of Death,	
6. { Duration of Sickness, .	1 Year
{ By whom certified, .	
7. Residence,	Southboro, Mass
8. Occupation,	House Wife
9. Place of Death,	Southboro
10. Place of Birth,	
11. Name of Father,	John Dingle
12. Name of Mother,	Rebecca Norton
13. Birthplace of Father, .	England
14. Birthplace of Mother, .	Southboro
15. Place of Interment, .	" " "

Signature of Undertaker
or other person making
the Return,

}

W. R. Dagher

DATED at Southboro, on Nov - 20 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, . . . Mrs. Jonathan Worke
Date and Place of Death, . . . 1892 Nov. 19th South Berwick, Mass.
Disease, { First or Primary, Prob. bl. Heart Disease Duration of, * Sudden
or Cause { Secondary, . . . In post mortem.
of Death, { Duration of, . . .

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, . . .

J. Henry Robinson M.D.
Dated at South Berwick, Mass. Nov. 26th 1892.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

No. 140

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov-26-1892
pm 1st Pittsford
2. Name,
 (Maiden Name),* . . .
 (Name of Husband),* . . .
3. Sex, and whether single,
 Married, or Widowed, married
4. Color,†
5. Age, 73 Years, 3 Months, 8 Days.
 Disease or Cause of Death, Heart failure
6. { Duration of Sickness, . . . 7 years
 By whom certified, . . .
7. Residence, Southboro Mass
8. Occupation, Retired gent
9. Place of Death, Southboro
10. Place of Birth, MA
11. Name of Father, Ezek Pittsford
12. Name of Mother, Ruth Ellis
13. Birthplace of Father, MA
14. Birthplace of Mother,
15. Place of Interment, S. Burial

Signature of Undertaker
 or other person making
 the Return,

DATED at

Southboro, on Nov-21 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - William P. Willson
Date and Place of Death, - died at Southborough, November 20th 1892,
Disease or Cause of Death, - of Softening of the Brain, Duration of Sickness 3 years.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician... Albert H. Blanchard, M.D., Sherborn.

Date of Certificate, Sherborn, Mass. Nov. 21, 1892.

* Or Sex of Infant (not named).

No. 41

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<u>Nov. 22^d 1892,</u>
2. Name, . . .	<u># Eddie Adams</u>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	<u>male</u>
Married, or Widowed,	<u>#</u>
4. Color,† . . .	<u>white</u>
5. Age, . . .	<u>0</u> Years, <u>0</u> Months, <u>Breathed only few times</u> <u>#</u> Days.
(Disease or Cause of Death,	<u>Craniotomy.</u>
6. { Duration of Sickness, .	<u>no duration</u>
{ By whom certified, .	<u>Gardner C. Pires, M.D.</u>
7. Residence, . . .	<u>Southboro</u>
8. Occupation, . . .	<u>#</u>
9. Place of Death, . . .	<u>Southboro.</u>
10. Place of Birth, . . .	<u>Southboro.</u>
11. Name of Father, . . .	<u>Ernest R. Adams.</u>
12. Name of Mother, . . .	<u>Ruth A. Adams. Brimfield</u>
13. Birthplace of Father, .	<u>Waldoboro Me.</u>
14. Birthplace of Mother, .	<u>Grochester Mass.</u>
15. Place of Interment, .	<u>Brimfield "</u>
Signature of Undertaker or other person making the Return, . . .	<u>W. R. Macfarlane</u>

DATED at Brimfield, on Nov-22 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Feb. 1890—5,000.

No. 42

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 9 1892
2. Name,	Mary Kezner
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, Days.
6. { Disease or Cause of Death, (Primary and Secondary),†	Child Birth
Duration of Sickness, .	1 Day
By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	
9. Place of Death,	Southboro
10. Place of Birth,	
11. Name of Father,	Henry Kirina
12. Name of Mother,	Julia Liberty
(Maiden Name),	
13. Birthplace of Father, .	Canada
14. Birthplace of Mother, .	
15. Place of Interment, . .	Hickinson
Signature of Undertaker or other person making the Return,	W. H. Waite

DATED at Southboro, on Nov 11 1892* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mrs. Bullen
Date and Place of Death, - died at Southtown Dec. 13 1872.
Disease or Cause of Death, - of Paralysis Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician G. H. Butterfield M.D.
Date of Certificate, Dec. 15 1872.

* Or Sex of Infant (not named).

No. 43

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec-13-1892
2. Name,	Mary A. Beutens
(Maiden Name),*	Smith
(Name of Husband),*	Abiram Beutens
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	76 Years, 3 Months, Days.
Disease or Cause of Death,	Paralytic Stroke
6. Duration of Sickness, .	5 Days
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	House Keeper
9. Place of Death,	Southboro Mass
10. Place of Birth,	Deedham
11. Name of Father,	Abiram Smith
12. Name of Mother,	Hannah Whitcomb
13. Birthplace of Father, .	Deedham
14. Birthplace of Mother, .	"
15. Place of Interment, . .	"North Mass
Signature of Undertaker or other person making the Return,	MR Magister
DATED at <u>Southboro</u> , on <u>Dec 14</u> 18 <u>92</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Jan - 17 - 1893
2. Name,	Thomas Greeley Jr
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	29 Years, Months, Days.
(Disease or Cause of Death,	Heart f. Corp
6. Duration of Sickness,	
(By whom certified,	Dr. Dewett
7. Residence,	Charlottesville Mass
8. Occupation,	Teacher
9. Place of Death,	Charlottesville Southw
10. Place of Birth,	Northwest arm Halifax
11. Name of Father,	Thomas Greeley
12. Name of Mother,	Estherie Bannen
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	Halifax N.S.
15. Place of Interment,	" " " " " "
Signature of Undertaker or other person making the Return,	Wm R. Macfarland
DATED at <u>Southw</u> , on <u>Jan - 18</u> 18 <u>93</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Thomas Gooley (from Nova Scotia) Age, About 30 years

Date and Place of Death, -

died at Southborough, Mass. Jan. 17 1893 -

Disease or Cause of Death, -

Killed on Railroad, Duration of Sickness -
at Cordaville

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Wendy A. Jewett M.D.
Med. Examiner Fifth Dist. Worcester Co.

Date of Certificate,

January 17th 1893

*Or Sex of Infant (not named).

[May, 1888.]

Southborough Jan. 17, '93 -

CORDAVILLE.

On Tuesday evening, Thomas Dooley, 30 years of age, of Halifax, N. S., an employee of the Boston water works, was instantly killed, and the sleigh in which he was riding was smashed into kindling wood by being struck by the New York express, at what is known as Milan's crossing, just beyond the Cordaville station. The horse escaped injury.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Deceased,* Thomas Dooley Jr Age, about 32 yrs
 Death, - died at Southborough Mass Jan 18, 1893
 of Death, - Killed on Rail-road Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

of Certifying Physician, Henry A. Jewett M.D. Northboro' Mass.
Med. Examiner
 Date of Certificate, January 18 1893

*Or Sex of Infant (not named).

[May, 1888.]

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 30 th 1893
2. Name,	Francis Fiske Kiddier
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	female
Married, or Widowed,	
4. Color,†	White
5. Age,	Years, 2 Months, 3 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	unknown
6. Duration of Sickness, .	
(By whom certified, . . .	Dr Robinson
7. Residence,	Easton
8. Occupation,	
9. Place of Death, . . .	"
10. Place of Birth, . . .	"
11. Name of Father, . . .	Charles A Kiddier
12. Name of Mother, . . .	Josephine B. Kiddier
(Maiden Name),	
13. Birthplace of Father, .	Boston
14. Birthplace of Mother, .	"
15. Place of Interment, .	Cambridge
Signature of Undertaker or other person making the Return,	Russ M. Brewster

DATED at Easton, on July 2nd 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Francis Richter (Female)

Date and Place of Death, .

Southboro. Dec. 2. 1892

Cause, {
First or Primary,
Cause
of Death, {
Secondary, . . .

Sudden death.

Duration of,*

Cause unknown

Duration of,

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

J. Henry Robinson M.D. Southboro. Mass.

Dated at Southboro. Feb. 12. 1893.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

No. 3

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 3 1893
2. Name,	Elizabeth H. Ockington
(Maiden Name),*	" Perry
(Name of Husband),*	William Ockington
3. Sex, and whether single, Married, or Widowed,	Female Widow
4. Color,†	
5. Age,	73 Years, . . . Months, . . . Days.
(Disease or Cause of Death,	Heart Failure
6. Duration of Sickness, .	
(By whom certified, .	L. M. Butler Field M.D.
7. Residence,	Ashland Mass
8. Occupation,	
9. Place of Death, . . .	Fierthboro
10. Place of Birth, . . .	Ashland
11. Name of Father, . . .	William Perry
12. Name of Mother, . . .	Betsy (Greenwood)
13. Birthplace of Father, .	Wrentham
14. Birthplace of Mother, .	"
15. Place of Interment, .	Ashland Mass
Signature of Undertaker or other person making the Return,	Calvin Holbrook

DATED at Barnstable, on Feb. 4 1893.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March - 8 - 1893
2. Name,	Nellie M. Collins
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	28 Years, - 2 Months, - 17 Days.
{ Disease or Cause of Death,	Consumption of Lungs
6. { Duration of Sickness, .	6 months
{ By whom certified, .	
7. Residence,	South Little Mass
8. Occupation,	Retired Lady
9. Place of Death,	South Little Mass
10. Place of Birth,	Hickinson Mass
11. Name of Father, . . .	John Collins
12. Name of Mother, . . .	Marguerite Demer
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Hickinson Mass
15. Place of Interment, .	Hickinson Mass
Signature of Undertaker or other person making the Return,	J. R. Waples

DATED at South Little Mass, on March 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Annir Flandear

and Place of Death, -

died at Southford Feb. 14 1893

Use or Cause of Death, -

of Rheumatism of heart Duration of Sickness two days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

G. W. Butterfield M.D.

Date of Certificate, Feb. 15, 1893.

* Or Sex of Infant (not named).

No. 14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb-14-1893
2. Name,	Annice M. Teitelbaum
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	11 Years, - 5 Months, Days.
(Disease or Cause of Death,	Heart Failure
6. Duration of Sickness, .	24 Hours
(By whom certified, .	
7. Residence,	Scituate Scituate
8. Occupation,	Subst. Girl
9. Place of Death,	Scituate
10. Place of Birth,	Scituate Scituate
11. Name of Father,	George Teitelbaum
12. Name of Mother,	Harriet Brady
13. Birthplace of Father, .	New York
14. Birthplace of Mother, .	Westboro Mass
15. Place of Interment, . .	Westboro
Signature of Undertaker or other person making the Return,	MR. Draper

DATED at Scituate, on Feb-14 1893

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 6 1898
2. Name,	Ellen Huntley
(Maiden Name),*	Robinson
(Name of Husband),*	John F. Huntley
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	69 Years, Months, 20 Days.
{ Disease or Cause of Death, (Primary and Secondary),†	2 years
6. { Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	Machuxet No
8. Occupation,	Dr. J. P.
9. Place of Death,	Scituate
10. Place of Birth,	Machuxet No
11. Name of Father,	John Robinson
12. Name of Mother,	Mary Burns
(Maiden Name),	
13. Birthplace of Father,	Machuxet No
14. Birthplace of Mother,	
15. Place of Interment,	Burial Ground
Signature of Undertaker or other person making the Return,	W. R. Huntley

DATED at Scituate, on March 6 1898

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March, 14 th 1893,
2. Name,	Cordelia Stoddard,
(Maiden Name),*	Cordelia Hartwell
(Name of Husband),*	Alpheus Stoddard
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	66 Years, 10 Months, 25 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	
6. { Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	Southborough, Mass
8. Occupation,	
9. Place of Death, . . .	Southborough, Mass.
10. Place of Birth, . . .	Newark, Vermont.
11. Name of Father, . .	Philemon Hartwell
12. Name of Mother, . .	Sally Ball
(Maiden Name),	
13. Birthplace of Father, .	Putney, Vermont
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro,
Signature of Undertaker or other person making the Return,	{ Chas. S. Minnie

DATED at Southboro, on March, 17th 1893,

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March - 22 1893
2. Name,	Ann S. Bent
(Maiden Name),*	Gamege
(Name of Husband),*	Harvey Norton
3. Sex, and whether single, Married, or Widowed,	married
4. Color,†	
5. Age,	71 Years, 1 Months, 11 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Senile Failure
6. Duration of Sickness, .	3 days
(By whom certified, .	
7. Residence,	Southboro
8. Occupation,	Retired Lady
9. Place of Death, . . .	Southboro Southboro
10. Place of Birth, . . .	Madell Haplington
11. Name of Father, . . .	Capt Richard Gamege
12. Name of Mother, . . .	Belose Phipps
(Maiden Name),	Waltham Mass
13. Birthplace of Father, .	Shertown N.C. 188
14. Birthplace of Mother, .	Southboro " "
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	Mr. M. J. F. L. L.

DATED at Southboro, on Mar 22 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

Commonwealth of Massachusetts.

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr - 28 - 1893
2. Name,	Jonathan Porter
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	74 Years, 10 Months, Days.
{ Disease or Cause of Death,	Heart failure
6. { Duration of Sickness, .	5 weeks
{ By whom certified, .	
7. Residence,	Southboro
8. Occupation,	Steward
9. Place of Death,	Southboro Mass
10. Place of Birth,	Hopkinton
11. Name of Father,	James Porter
12. Name of Mother,	Luce Pike-Porter
13. Birthplace of Father,	Hopkinton Mass
14. Birthplace of Mother,	Southboro "
15. Place of Interment,	Southboro "

Signature of Undertaker
or other person making
the Return,

W. H. M. [Signature]

DATED at Southboro, on Apr 28 1893

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Jonathan Woods.

Date and Place of Death, . .

Southboro, Mass. April 28th 1893

Disease,
or Cause
of Death, { First or Primary,
Secondary, . . .

Heart disease

Duration of,* Uncertain

Duration of, . . .

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

J. H. Robinson M.D. Southboro, Mass

Dated at Southboro, April 28th 1893.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 29 1893
2. Name,	Mary Lafontaine
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Sister
4. Color,†	
5. Age,	21 Years, . . . Months, 21 Days.
(Disease or Cause of Death,	Bright Disease
6. { Duration of Sickness, .	6 Weeks
{ By whom certified, .	Dr. Harvey
7. Residence,	Proctor's Manor
8. Occupation,	Machine Operate
9. Place of Death,	Southville Manor
10. Place of Birth,	Ottawa Canada
11. Name of Father,	Oliver Lafontaine
12. Name of Mother,	Mary H. Provencal
13. Birthplace of Father, .	Canada
14. Birthplace of Mother, .	"Proctor's Manor"
15. Place of Interment, .	Proctor's Manor
Signature of Undertaker or other person making the Return,	W. H. Macfarland
DATED at <u>Southville</u> , on <u>Apr 30</u> 18 <u>93</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Mary LaFontaine Age, 21^r - 21 day
Date and Place of Death, - died at Southon April 29 1898.
Disease or Cause of Death, - of Bright's Disease
(Primary and Secondary.)†
Duration of Sickness, - - Chronic

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, E. B. Harvey

Date of Certificate, April 30 1893.

* Or Sex of Infant (not named). † If a soldier or sailor who served in the War of the Rebellion.

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 25, 1893
2. Name,	Mehitable B. Chamberlain
(Maiden Name),*	Mehitable Bacon Morse
(Name of Husband),*	John Chamberlain
3. Sex, and whether single, Married, or Widowed,	Female Widowed
4. Color,†	
5. Age,	76 Years, 3 Months, 24 Days.
{ Disease or Cause of Death,	Consumption
{ Duration of Sickness, .	Two and a half years
{ By whom certified, .	Dr. G. W. Butterfield
7. Residence,	Southborough
8. Occupation,	
9. Place of Death, . . .	Southborough
10. Place of Birth, . . .	Needham (near Wellesley)
11. Name of Father, . .	Daniel Morse
12. Name of Mother, . .	Mehitable Bacon
13. Birthplace of Father, .	Needham
14. Birthplace of Mother, .	Needham
15. Place of Interment, .	Southborough
Signature of Undertaker or other person making the Return,	Laura M. Conant

DATED at Southborough, on May 27 1893

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March - 3 - 1893
2. Name,	Nellie M. Collins
(Maiden Name),*	
(Name of Husband),*	Single
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	28 Years, - 2 Months, 17 Days.
Disease or Cause of Death,	Consumption of Lungs
6. Duration of Sickness, .	6 months
By whom certified, .	
7. Residence,	Southville Mass
8. Occupation,	Retired Teacher
9. Place of Death,	Southville Mass
10. Place of Birth,	Hopkinton Mass
11. Name of Father, . . .	John Collins
12. Name of Mother, . . .	Estherine Damon
13. Birthplace of Father, .	Greenville
14. Birthplace of Mother, .	Hopkinton Mass
15. Place of Interment, .	W R Waggoner
Signature of Undertaker or other person making the Return,	
DATED at <u>Southville</u> , on <u>March</u> 18 .	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Ann Flanders

and Place of Death, -

died at Southford Feb. 14 1893

Age or Cause of Death, -

of Rheumatism of heart Duration of Sickness two days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

G. W. Butterfield M.D.

Date of Certificate, Feb. 15, 1893.

* Or Sex of Infant (not named).

No. 14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb-14-1893
2. Name,	Annice M. Telford
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	11 Years, - 5 Months, . . . Days.
{ Disease or Cause of Death,	Heart Failure
6. { Duration of Sickness, .	24 Hours
{ By whom certified, .	
7. Residence,	Scituate Southern
8. Occupation,	Spinal Grip
9. Place of Death,	Scituate
10. Place of Birth,	Taunton Southern
11. Name of Father,	George Telford
12. Name of Mother,	Harriet Brady
13. Birthplace of Father,	New York
14. Birthplace of Mother,	Bedford Mass
15. Place of Interment,	Bedford
Signature of Undertaker or other person making the Return,	MR Draper
DATED at <u>Scituate</u> , on <u>Feb-14</u> 18 <u>93</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 6 1890
2. Name,	Ellen Huntley
(Maiden Name),*	Robinson
(Name of Husband),*	John F. Huntley
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	63 Years, Months, 20 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	
6. Duration of Sickness, .	8 years
(By whom certified, .	
7. Residence,	Machiasset Mt
8. Occupation,	Dr. & C.
9. Place of Death,	Southboro
10. Place of Birth,	Machiasset Mt
11. Name of Father,	John Robinson
12. Name of Mother,	Mary Burns Col.
(Maiden Name),	
13. Birthplace of Father, .	Machiasset Mt
14. Birthplace of Mother, .	Southboro Mass
15. Place of Interment, .	Southboro Mass
Signature of Undertaker or other person making the Return,	W. R. Huntley

DATED at Southboro, on March 6 1890

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March, 14th 1893,

2. Name, . . . Cordelia Stoddard,
(Maiden Name),* Cordelia Hartwell
(Name of Husband),* Alpheus Stoddard

3. Sex, and whether single,
Married, or Widowed,

4. Color,† . . .

5. Age, . . . 66 Years, 10 Months, 25 Days.

6. { Disease or Cause of Death,
(Primary and Secondary),‡
Duration of Sickness, .
By whom certified, .

7. Residence, . . . Southborough, Mass

8. Occupation, . . .

9. Place of Death, . . . Southborough, Mass.

10. Place of Birth, . . . Newark, Vermont

11. Name of Father, . . . Philemon Hartwell

12. Name of Mother, . . . Sally Ball
(Maiden Name),

13. Birthplace of Father, . . . Putney, Vermont

14. Birthplace of Mother, . . .

15. Place of Interment, . . . Southboro,

Signature of Undertaker
or other person making
the Return, . . .

} Chas. S. Quinn

DATED at Southboro, on March, 17th 1893,

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March - 22 1893
2. Name,	Ann S. Dexter
(Maiden Name),*	Gamege
(Name of Husband),*	Harvey Norton
3. Sex, and whether single, Married, or Widowed,	married
4. Color,†	
5. Age,	71 Years, 1 Months, 11 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Heart Failure
6. Duration of Sickness, .	3 days
(By whom certified, .	
7. Residence,	Southboro
8. Occupation,	Retired Teacher
9. Place of Death,	Southboro Southboro
10. Place of Birth,	Woodville Haverhill
11. Name of Father,	Capt. Richard Gamege
12. Name of Mother, (Maiden Name),	Before Philip
13. Birthplace of Father,	Waltham Mass
14. Birthplace of Mother,	Shertown Mass
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Mr. Macfarland

DATED at Southboro, on Mar 22 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

No. 8

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mar. 30. 1893
2. Name,	David B. Harvey
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	married
4. Color, †	W.
5. Age,	48 Years, . . . Months, 20 Days.
{ Disease or Cause of Death, (Primary and Secondary), †	Acute Mania & Exhaustion
6. { Duration of Sickness, .	In Hospital about 12 hours.
{ By whom certified, .	J. F. Bothfield M. D.
7. Residence,	Southboro
8. Occupation,	Farmer
9. Place of Death,	Westboro, Mass
10. Place of Birth,	Nova Scotia
11. Name of Father,	John Harvey
12. Name of Mother,	Agnes (Daw)
(Maiden Name),	
13. Birthplace of Father, .	Nova Scotia
14. Birthplace of Mother, .	" "
15. Place of Interment, . .	Southboro
at true copy Signature of Undertaker or other person making the Return,	{ Henry L. Chase Town Clerk

DATED at Westboro, on April 15 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

David B. Harvey

Age,

Date and Place of Death,

died at Westboro' Hospital, Mar. 30, 1893.

Disease or Cause of Death,

(Primary and Secondary.)†

of Acute Mania & Exhaustion

Duration of Sickness,

In Hospital about 12 hours

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. F. Bothfeld M.D. Westboro

Date of Certificate, Mar 30 1893.

* Or Sex of Infant (not named). † If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. February, 1892. — 5,000.

UNDERTAKER'S RETURN

To the Board of Health of the City of Worcester.

Date of Death May 28th 1893 Name Jonas Miles Whiting
Maiden Name _____ Sex Male
Color White Married, Single or Widowed Single
Age 63 Years 9 Months 17 Days
Disease or Cause of Death, First or Primary _____
Secondary, if any _____
Name of the Physician _____
Residence of the Deceased, No. _____ Street _____
Occupation _____ Husband's Name _____
Place of Death, No. _____ Street _____
Place of Birth Royalston Mass.
Father's Name Beth Whiting
Father's Birthplace Shrewsbury Mass.
Mother's Maiden Name Mary Kendall
Mother's Birthplace Athol Mass.
Place of Interment Southboro Mass. Cemetery.

Signature of Undertaker or Informer _____

Dated at Worcester, this _____ day of _____ 18

Physician's Certificate of the Cause of Death.

Date of Death	18
Name and Sex of Deceased	_____
Place of Death	No. _____ Street _____
Disease or Cause of Death.	First or Primary _____ Duration of* _____
	Secondary _____ Duration of _____

I certify that the above is a true Return, to the best of my recollection and belief.

Name and Professional Title _____

Residence No. _____ Street _____

Dated at Worcester, this _____ day of _____ 18

[Be very particular to fill all the Blanks.]

* Reckoned to the time of Death.

Approved,

Board of Health.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the City of Boston
(City or Town.)
during the month of July 1893.

1. Date of Death, . . .	<u>July 22/93</u>
2. Name,	<u>James C. Howe</u>
(Maiden Name), . .	—
(Name of Husband),	—
3. Sex, and whether single,	<u>Male</u>
Married, or Widowed,	<u>Single</u>
4. Color,	<u>White</u>
5. Age,	<u>23</u> Years, — Months, — Days.
(Disease or Cause of Death,	<u>Railroad Accident</u>
6. Duration of Sickness,	—
By whom certified, . .	<u>F. W. Draper M. D.</u>
7. Residence,	<u>Southboro</u>
8. Occupation,	<u>Driver of milk wagon</u>
9. Place of Death, . . .	<u>Kneeland St. Station B. & A. R.R.</u>
10. Place of Birth, . . .	<u>New Salem</u>
11. Name of Father, . .	<u>Uriah</u>
12. Name of Mother, . .	<u>Adaline Whiting</u>
(Maiden Name.)	—
13. Birthplace of Father, .	<u>Yarmouth</u>
14. Birthplace of Mother, .	<u>Southboro</u>
15. Place of Interment, .	<u>New Salem</u>

I certify that the foregoing is a true copy.

Attest:

Aug 18th 1893.

John C. Short
City Registrar (City or Town.)

No. of Permit.....

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.

Date of Death, *July 31st 1893*

Name, *William Percy Read*

Maiden Name,*

Sex,

Married, single or widow, *Married* wife of

Color, *White* Age, *57* years,
2 months,
26 days,

Residence, *Southboro Mass*

Place of death, Street and No. Ward,

Place of Birth, *Sackville N.B.* Occupation, *Farmer*

Name of Mother, *Margaret* Maiden Name, *Singley*

Name of Father, *Asa Read*

Birthplace of Father, *Sackville N.B.*

Birthplace of Mother, *H. D. Butte N.B.*

Place of Interment,† *Chipman Cemetery*

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker or other person
making the return.

J. Frank Child

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased, *William Percy Read* Marlborough, *July 31* 189*3*

Date and Place of Death, *Southborough Mass*

Disease or Cause of Death, *Malnutrition General Debility* *duration of

Four Years

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, *George J. Leach*

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

No. ✓

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Died 19 1893
2. Name,	Alfred E. Feroc
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	26 Years, 7 Months, 3 Days.
{ Disease or Cause of Death,	Heart Failure
{ Duration of Sickness, .	4 weeks
{ By whom certified, .	Dr. L. B. Macfarlane
7. Residence,	Southboro Mass
8. Occupation,	Lawyer
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	West Medway
11. Name of Father, . . .	Moses S. Ford
12. Name of Mother, . . .	Dianna H. Hemen
13. Birthplace of Father, .	West Medway
14. Birthplace of Mother, .	West Medway
15. Place of Interment, .	West Medway
Signature of Undertaker or other person making the Return,	W. R. Macfarlane

DATED at Southboro, on Aug 19 18 93

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug. 26, 1893
2. Name,	Edward A. Guild
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, †	W
5. Age,	47 Years, 5 Months, 16 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	
6. Duration of Sickness, .	
(By whom certified, .	Henry A. Jewett Medical Ex.
7. Residence,	Southboro "Cordairville"
8. Occupation,	Blacksmith
9. Place of Death,	Southboro
10. Place of Birth,	Novia Scotia
11. Name of Father,	George Guild
12. Name of Mother, (Maiden Name),	Jennie Logan
13. Birthplace of Father, .	Novia Scotia
14. Birthplace of Mother, .	
15. Place of Interment, . .	Southboro Mass.
Signature of Undertaker or other person making the Return,	Everett L. Bridges

DATED at Southboro, on Aug 27 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Edward Augustine Guild yrs.-mos.-days, 47-5-16,
Date and Place of Death, - died at Cordaville-Southborough, Mass. Aug. 26, 1893.
Disease or Cause of Death, - of drowning Duration of Sickness instant
(by accident)

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Henry A. Jewett M.D. Medical Examiner
For Worcester County
Date of Certificate, 27 August 1893.

*Or Sex of Infant (not named).

[May, 1888.]

No. ✓

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 24 1898
2. Name,	Marjorie Graves
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	17 Years, 6 Months, 3 Days.
{ Disease or Cause of Death, (Primary and Secondary),†	Heart failure
6. Duration of Sickness, .	4 years
{ By whom certified, .	
7. Residence,	Hudson Mass
8. Occupation,	Student
9. Place of Death, . . .	Southboro Mass
10. Place of Birth, . . .	Hudson Mass
11. Name of Father, . . .	Wm E Graves
12. Name of Mother, . . .	E L & Butterfield
(Maiden Name),	
13. Birthplace of Father, .	Hudson Mass
14. Birthplace of Mother, .	Brighton " "
15. Place of Interment, .	Hudson Mass
Signature of Undertaker or other person making the Return,	Wm P. Magford

DATED at Southboro, on Sept 25 1898.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Harner O. Graves. Age 17

Date and Place of Death, -

died at Southboro, Sept. 24th

1893

Disease or Cause of Death, -

of Heart disease

Duration of Sickness

Long time

Chronic. Fatal attack of few hours duration

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. W. Robinson M.D., Southboro

Date of Certificate,

Sept. 25th

1893

* Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Peter Shuttleworth
Date and Place of Death, - died at Southboro Nov 29 1883
Disease or Cause of Death, - of ossification of heart Duration of Sickness Six weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Geo. W. Butterfield M.D.
Ashland Mass.

Date of Certificate, December 2 1883.

*Or Sex of Infant (not named).

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov 29 - 1893
2. Name,	Peter Skutumpah
(Maiden Name),* . . .	
(Name of Husband),* . . .	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	27 Years, 10 Months, 25 Days.
{ Disease or Cause of Death, (Primary and Secondary), ‡	Caralysis
6. { Duration of Sickness, . . .	2 1/2 years
{ By whom certified, . . .	
7. Residence,	Southboro Mass
8. Occupation,	Farmer
9. Place of Death,	Southboro Mass
10. Place of Birth,	New Brunswick
11. Name of Father,	John Skutumpah
12. Name of Mother,	Margaret Schmidt
(Maiden Name),	
13. Birthplace of Father,	England
14. Birthplace of Mother,	
15. Place of Interment,	Southboro Mass
Signature of Undertaker or other person making the Return,	W. H. Michael

DATED at Southboro, on Nov 29 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 5 th 1887
2. Name, (Maiden Name),* . . .	Lydia F. Cuthand Brewer
3. Sex, and whether single, Married, or Widowed,	Female married
4. Color, †	White
5. Age,	67 Years, 5 Months, 17 Days.
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Dyspepsia Dr. Butterfield
7. Residence,	Southboro
8. Place of Death,	Southboro
9. Occupation,	
10. Place of Birth,	Southboro
11. Name of Father,	Peter Brewer
12. Name of Mother,	Sappie W. Brewer
13. Birthplace of Father,	Southboro
14. Birthplace of Mother,	Frammingham
15. Place of Interment,	Southboro

Signature of Undertaker
or other person making
the Return,

Henry Newton

DATED at Southboro on Dec 6 1887.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec - 7 th - 1881
2. Name,	Grace B. Chandler
(Maiden Name),*	Grace B. Smith
(Name of Husband),*	James Chandler
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	Light
5. Age,	61 Years, 1 Months, 15 Days.
Disease or Cause of Death,	Paralyzed
6. Duration of Sickness, .	10 years
By whom certified, .	Dr Robinson
7. Residence,	Fayville
8. Occupation,	
9. Place of Death, . . .	Fayville
10. Place of Birth, . . .	Lambro-Halifax N.S.
11. Name of Father, . .	Isaac Smith
12. Name of Mother, . .	Rebecca Smith
13. Birthplace of Father, .	Lambro-Halifax N.S.
14. Birthplace of Mother, .	
15. Place of Interment, .	Lambro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Lambro, on Dec 8 1881

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Joseph Fairbanker

Date and Place of Death, -

died at

Levyville Southboro Dec 9 1883

Disease or Cause of Death, -

of

Progressive Paralysis

Duration of Sickness

3 years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

December 12 1883

*Or Sex of Infant (not named).

12/11 - Am

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec - 9 1893
2. Name,	Joseph Fairbanks
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	70 Years, Months, 14 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Apoplexy
6. Duration of Sickness, ..	three years
(By whom certified, .	
7. Residence,	Fairville Southbro
8. Occupation,	Farmer
9. Place of Death,	Fairville
10. Place of Birth,	Bellingham Mass
11. Name of Father,	Etifah Fairbanks
12. Name of Mother,	Nancy Adams
(Maiden Name),	
13. Birthplace of Father, .	Bellingham Mass
14. Birthplace of Mother, .	Holliston " "
15. Place of Interment, . .	Southbro " "
Signature of Undertaker or other person making the Return,	Wm Macfarlane

DATED at Fairville, on Dec 10 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 35

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 12
2. Name, . . .	Alberta S. Labossiere
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single Female
4. Color,† . . .	
5. Age, . . .	3 Years, - 9 Months, - 26 Days.
{ Disease or Cause of Death,	Croup
6. Duration of Sickness, .	
{ By whom certified, .	
7. Residence, . . .	Southboro
8. Occupation, . . .	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	Gayville
11. Name of Father, . . .	Frederic A. Labossiere
12. Name of Mother, . . .	Victoria M. Labossiere
13. Birthplace of Father, .	Contrecoeur Canada
14. Birthplace of Mother, .	St. Ebarie Canada
15. Place of Interment, .	Marlboro
Signature of Undertaker or other person making the Return, . . .	Henry Newton

DATED at Southboro, on Dec 13 18 87

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

12/20 93 9.45 am

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec. 19, 1893.
2. Name,	Mary G. Bonney
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single, Married, or Widowed,	Female Single
4. Color,†	
5. Age,	32 Years, 1 Months, Days.
{ Disease or Cause of Death,	L. Grippes.
6. { Duration of Sickness, .	3 days.
{ By whom certified, .	
7. Residence,	New Bedford.
8. Occupation,	Teacher
9. Place of Death,	Southboro
10. Place of Birth,	New Bedford
11. Name of Father,	Chas. J. Bonney.
12. Name of Mother,	Mary J. Bonney.
13. Birthplace of Father, . .	Rochester Mass.
14. Birthplace of Mother, . .	Rochester Mass.
15. Place of Interment, . .	New Bedford.
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southborough, on December 20 1893

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Michael Mitchel

Date and Place of Death, -

died at

South St. Dec-19

1883

Disease or Cause of Death, -

of

Pericarditis of Heart

Duration of Sickness

10 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

188

*Or Sex of Infant (not named).

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 19 1898
2. Name,	Michael Mitchell
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	21 Years, 2 Months, 20 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	Parasitic Heart
6. Duration of Sickness, .	10 Days
{ By whom certified, .	
7. Residence,	Scituate Mass
8. Occupation,	Farmer
9. Place of Death,	Scituate Mass
10. Place of Birth,	Marlborough England
11. Name of Father, . . .	John W. Mitchell
12. Name of Mother, . . .	Elizabeth Bartlett
(Maiden Name),	
13. Birthplace of Father, .	Scituate
14. Birthplace of Mother, .	Scituate
15. Place of Interment, .	Scituate Mass
Signature of Undertaker or other person making the Return,	M. W. Mitchell

DATED at Scituate, on Dec-20 1898

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Catherine H. Tyler

Date and Place of Death, -

died at

Southville Dec 22

1883

Disease or Cause of Death, -

of

Pneumonia

Duration of Sickness

5 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

188

*Or Sex of Infant (not named).

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 22 - 1893
2. Name,	Catherine Syter
(Maiden Name),*	" " Matney
(Name of Husband),*	Wm J Syter
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	36 Years, - 9 Months, 21 Days.
(Disease or Cause of Death, (Primary and Secondary),†	Typhoid
6. Duration of Sickness, .	5 Days
(By whom certified, .	
7. Residence,	Scituate Mass
8. Occupation,	House Wife
9. Place of Death,	Scituate
10. Place of Birth,	Hickman Mass
11. Name of Father,	John Matney
12. Name of Mother,	Margaret M. Gifford
(Maiden Name),	
13. Birthplace of Father, .	Ireland - -
14. Birthplace of Mother, .	" "
15. Place of Interment, . .	Scituate Mass
Signature of Undertaker or other person making the Return,	J R Macfarland
DATED at Scituate, on Dec 22, 1893	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Jan 2 1894
2. Name, . . . Mary Coree Newton
(Maiden Name),* . . . Coree
(Name of Husband),* . . . Naham Newton
3. Sex, and whether single,
Married, or Widowed, . . . Widowed
4. Color,†
5. Age, 84 Years, . . . Months, 15 Days.
- (Disease or Cause of Death, . . . Old age
6. { Duration of Sickness, . . . 8 years
By whom certified, . . .
7. Residence, . . . Southboro Mass
8. Occupation, . . . Retired Ladie
9. Place of Death, . . . Southboro Mass
10. Place of Birth, . . . Charlestown Mass
11. Name of Father, . . . Amos Corey
12. Name of Mother, . . . Mary Youngs in care
13. Birthplace of Father, . . . Charlestown Mass
14. Birthplace of Mother, . . . " "
15. Place of Interment, . . . Southboro Mass

Signature of Undertaker
or other person making
the Return,

Mr Macfarland

DATED at Southboro, on Jan 3 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mary Coree Norton
Date and Place of Death, - died at Southboro Jan 2 1884
Disease or Cause of Death, - of Old age Duration of Sickness 8 years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Geo. W. Butterfield M.D.
Ashland Mass.

Date of Certificate, 188 .

*Or Sex of Infant (not named).

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.

Date of Death, Jan 3 - 1894
 Name, John P. Lally
 Maiden Name,* Sex, M.
 Married, single or widow, S. wife of
 Color, W Age, { 25 years,
 1 months,
 7 days,
 Residence, Southborough Mass
 Place of death, Street and No. Southborough Mass Ward,
 Place of Birth, Upton Mass Occupation, Farmer
 Name of Mother, Margaret Maiden Name, Barney
 Name of Father, John
 Birthplace of Father, Ireland
 Birthplace of Mother, "
 Place of Interment,† F. C. Cemetery Marlborough

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker or other person }
 making the return.

F. A. McGill

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Dr. J. J. Smith
 Name of Deceased, John P. Lally
 Date and Place of Death, Jan 3, 94 Southborough Mass.
 Disease or Cause of Death, Catarrhal Pneumonia *duration of 12 days

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, J. E. Smyth M. D. Marlboro Mass.

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan - 15 - 1894
2. Name,	Patrick Welch
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	43 Years, . . . Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Lungs
6. Duration of Sickness, .	one week
(By whom certified, .	
7. Residence,	Canton Mass
8. Occupation,	Common Laborer
9. Place of Death, . . .	Canton Mass
10. Place of Birth, . . .	Ireland
11. Name of Father, . . .	Michael Welch
12. Name of Mother, . . . (Maiden Name),	Margaret Stanley
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"Boston" Mass
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	M A Macfarlane

DATED at Canton, on Jan 15 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mr. Patrick Welch -

Date and Place of Death, -

died at Endsville. (Southmo) Jan. 15 1884

Disease or Cause of Death, -

of La Grippe

Duration of Sickness

One week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Date of Certificate,

Jan. 16

1884

*Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Martin Chung
Date and Place of Death, - died at Southtown Jan. 26th 1874
Disease or Cause of Death, - of La Grippe Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician L. W. Butterfield M.D.

Date of Certificate, Jan. 27 1874

* Or Sex of Infant (not named).

14
No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 21-1894
2. Name,	Martin Cheneys
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	70 Years, 4 Months, Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Combination Disease
6. Duration of Sickness, .	One Year
(By whom certified, .	
7. Residence,	Scituate Mass
8. Occupation,	Retired Fireman
9. Place of Death,	Scituate Mass
10. Place of Birth,	Princeton Mass
11. Name of Father,	Eliza Cheneys
12. Name of Mother, (Maiden Name),	Geoffrey Rice Cheneys
13. Birthplace of Father, .	Newton Mass
14. Birthplace of Mother, .	Rutland Mass
15. Place of Interment, . .	Northam " "
Signature of Undertaker or other person making the Return,	W R Macfarland
DATED at Scituate, on Jan 27 1894	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb. 27th. 1894.
2. Name,	Daniel Grover
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 3 Months, 9 Days.
(Disease or Cause of Death,	Broncho pneumonia
6. Duration of Sickness, .	
(By whom certified, .	J. W. Butterfield (M)
7. Residence,	Southboro
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Thebert Gerryway
12. Name of Mother, . . .	Minnie (Goodrow)
13. Birthplace of Father, .	N.S.
14. Birthplace of Mother, .	N.S.
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton.

DATED at March 1st, on 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 1 st 1894
2. Name,	Gertrude Rachel Buck
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 03 Months, 2 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Acute Meningitis
6. Duration of Sickness, .	48 hours
(By whom certified, .	Dr. J. H. Robinson
7. Residence,	Southborough Mass
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	"
11. Name of Father, . . .	Wallace B Buck
12. Name of Mother, . . . (Maiden Name),	Ella M Brewster
13. Birthplace of Father, .	Southboro
14. Birthplace of Mother, .	"
15. Place of Interment, .	"
Signature of Undertaker or other person making the Return,	} W B Buck

DATED at Southboro, on March 24 1894.* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.



Gertrude R. Buck.

Died

March 15th 1894

Aged three months and two days.

Cause of death

Acute Meningitis.

J. B. Robinson, M. D.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 14
2. Name,	Daniel S. Whitney
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	84 Years, 1 Months, 10 Days.
(Disease or Cause of Death,	Inflammation of Kidneys
6. { Duration of Sickness, .	Eight days.
{ By whom certified, .	
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Southboro
10. Place of Birth,	Warrens Mass
11. Name of Father,	Amaziah Whitney
12. Name of Mother,	Sarah (Drull) Whitney
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on March 15 18 94

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

#8

Southboro, Mr. 20th 1894

My Frank Saville, age 6 years.

Died March 20th 1894

Cause of death, Scarlet Fever.

J. Henry Robinson, M.D.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 20 th 1894.
2. Name,	Frank Laville
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	M.
Married, or Widowed,	
4. Color,†	
5. Age,	6 Years, . . . Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Scarlet Fever
6. Duration of Sickness, .	
(By whom certified, .	Dr. J. H. Robinson
7. Residence,	South Town,
8. Occupation,	
9. Place of Death, . . .	South Town
10. Place of Birth, . . .	
11. Name of Father, . .	John
12. Name of Mother, . .	Mary
(Maiden Name),	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Marbleton.

Signature of Undertaker
or other person making
the Return,

} Return made by father.

DATED at South Town, on Mch. 20th 1894.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

#9

Joseph Saville, age 11 years.
died March 22 1894
of Scarlet Fever.

J. H. Robinson, M.D.

Southboro, March 22 1894

son of John Saville

No. 112

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

- March 24 1894
1. Date of Death, . . . Hamuelta Leville
2. Name,
- (Maiden Name),*
- (Name of Husband),*
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age, 9 Years, 10 Months, 5 Days.
- { Disease or Cause of Death,
(Primary and Secondary),‡
6. Duration of Sickness,
- { By whom certified, J. B. Robinson, M. D.
7. Residence, Southboro.
8. Occupation,
9. Place of Death, Southboro.
10. Place of Birth, "
11. Name of Father, John
12. Name of Mother,
- (Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment, Marlboro.

Signature of Undertaker
or other person making
the Return,

} Return made by father.

DATED at, on March 24 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

Henrietta Lovell. age 9 years
died
March 24th of Scarlet Fever

J. H. Robinson M. D.

Southboro', March 24th 1894

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, March, 24 - 1894
2. Name, John Laville
 (Maiden Name),*
 (Name of Husband),*
3. Sex, and whether single,
 Married, or Widowed,
4. Color,†
5. Age, 13 Years, Months, Days.
6. { Disease or Cause of Death,
 (Primary and Secondary),‡
 Duration of Sickness,
 By whom certified, J. H. Robinson M.D.
7. Residence, Southton.
8. Occupation,
9. Place of Death, Southton.
10. Place of Birth,
11. Name of Father, John Laville
12. Name of Mother, (Maley.)
 (Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
 or other person making
 the Return,

} made by Jerry Leahy.

DATED at Southton, on March 25 1894.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

115 Born Aug. 23. 1881 - 12-7-1

Johnnie Saville

aged 13
died March 24th 1894
of Scarlet Fever.
J. H. Robinson M.D.

3/27-12.10

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March 24 - 1894

2. Name, Hannah Gardner
(Maiden Name),* . . . Hannah Casey
(Name of Husband),* . . . Samuel Gardner

3. Sex, and whether single,
Married, or Widowed, . . . Widowed

4. Color,†

5. Age, 85 Years, . . . Months, . . . Days.

(Disease or Cause of Death,
(Primary and Secondary),‡ . . . Old age)

6. Duration of Sickness, . . . 6 months

(By whom certified, . . . Dr Butterfield. Ashland)

7. Residence, Southboro

8. Occupation,

9. Place of Death, Grayville - Southboro

10. Place of Birth, East Greenwich R.I.

11. Name of Father, Edeem Casey

12. Name of Mother, Sarah Casey
(Maiden Name),

13. Birthplace of Father, North Kingstown R.I.

14. Birthplace of Mother, East Greenwich

15. Place of Interment, Worcester

Signature of Undertaker
or other person making
the Return,

} Henry Newton

DATED at Southboro, on March 26 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Mannah Gardner . Age, 85

Date and Place of Death,† - died at Southbury (Proville) June 2^d 1894.

Disease or Cause of Death, - of Old Age

(Primary and Secondary.)‡

Duration of Sickness, - - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Geo. W. Butterfield M.D. Ashland Mass.

Date of Certificate, June 25 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

No. 13

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 27 1894
2. Name,	John Collins
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	80 Years, - 6 Months, 18 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Pneumonia
6. Duration of Sickness, .	8 Days
(By whom certified, .	Dr. J. B. Butterfield
7. Residence,	Scitcho Mass
8. Occupation,	Farmer
9. Place of Death,	Scitcho
10. Place of Birth,	" " "
11. Name of Father, . . .	Amos Collins
12. Name of Mother, . . .	Polly Amosden Ellis
(Maiden Name),	Scitcho
13. Birthplace of Father, .	Scitcho
14. Birthplace of Mother, .	" " "
15. Place of Interment, .	Scitcho Mass
Signature of Undertaker or other person making the Return,	Wm. C. Macfarland
DATED at <u>Scitcho</u> , on <u>March 28</u> 18 <u>94</u>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Wm Collins

Date and Place of Death, -

died at

Southboro Mar 23 1894

Disease or Cause of Death, -

of

Pneumonia Duration of Sickness 8 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J W Butterfield M D Ashford

Date of Certificate,

Mar 28 1894

* Or Sex of Infant (not named).

Name of Deceased,* - - -

Julia A. Sullivan

Date and Place of Death, - -

died at Southborough, Mass., April 17th 1874

Disease or Cause of Death, -

of Pulmonary Consumption Duration of Sickness seven weeks
induced probably from septicæmia following childbirth

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

Westborough, Mass. C. S. Bradley

Date of Certificate,

April 17th 1874

* Or Sex of Infant (not named).

No.

#14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 17 1894
2. Name,	Julia A. Sullivan
(Maiden Name),*	Murphy
(Name of Husband),*	John
3. Sex, and whether single,	F.
Married, or Widowed,	M.
4. Color,†	W.
5. Age,	30 Years, . . . Months, . . . Days.
(Disease or Cause of Death,	
6. { Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	Southborough Mass
8. Occupation,	
9. Place of Death,	Southborough Mass
10. Place of Birth,	Ireland
11. Name of Father,	John
12. Name of Mother,	Kate O'Keefe
(Maiden Name)	Ireland
13. Birthplace of Father, .	
14. Birthplace of Mother, .	"
15. Place of Interment, .	Marlborough Mass
Signature of Undertaker or other person making the Return,	{ F. A. Mc Gill

DATED at, on Apr. 19 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May. 15 1874
2. Name,	Joseph Francis Curlier
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	— Years, — Months, 14 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sickness, .	
By whom certified, .	
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	u
10. Place of Birth,	
11. Name of Father, . . .	John J
12. Name of Mother, . . .	Mary T. (Brenton)
(Maiden Name),	
13. Birthplace of Father, .	Belmont
14. Birthplace of Mother, .	England
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	}

DATED at, on 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed. Aug. 1894. — 5,000.



THIS IS TO CERTIFY,

To the best of my knowledge and belief,

Name of deceased in full.

That

age — years — months 12 days, died on the 22 day of May A.D. 1894
 of Marasmus
Give, briefly, disease or other cause of death.

Its duration † was

There was also

Its duration † was

Was there an Autopsy? NoWas death Sudden? No

Signed at Framingham Mass., May 23 1894
E. W. B. B. B. B. M. D.

† Reckoned from the time of invasion of death.

Undertaker's Return of Death.

Name of deceased in full. Rosa Benelli Date of Death. May 22 1894
 Maiden Name. W Condition: [1] Single ~~Married~~ ~~Widow~~ ~~Widower~~
 Age, — Years — Months 12 Days
 Wife or Widow of W Place of Death. [2] Southboro Mass
 Sex. Female *Color. White Residence Southboro Mass.
 Occupation. W Place of Birth. [3] Southboro Mass
 Name of Father. Julius Benelli His Birth Place. [3] Italy
 Name of Mother. Celeste Marcini Her Birth Place. [3] Italy
 Place. St. Stephen's Cemetery Framingham Date. May 23 1894
 Interment St. Stephen's Cemetery Framingham
 This return is made by Undertaker Peter V. Emera
 Dated May 23 1894 Of St. Framingham
1. Erase the words which do not indicate the condition. 2, 3, 4. Insert Town and State. *W, White. B, Black.

Countersigned and Approved this 23^d day of May 1894
E. W. B. B. B. B. Agent Board of Health.
 (SEE BACK.)

No. 16

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 30 1894
2. Name,	Ernest H. Flegg
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Single
4. Color,†	W
5. Age,	21 Years, 6 Months, 7 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Diabetic
6. Duration of Sickness, .	
(By whom certified, .	Yes. W. Butterfield, M.D.
7. Residence,	Southboro (Southville)
8. Occupation,	Mill operative
9. Place of Death, . . .	Southboro "
10. Place of Birth, . . .	Springfield Mass
11. Name of Father, . . .	Samuel Henry Flegg
12. Name of Mother, . . .	Mary F. (Hooper)
(Maiden Name),	"
13. Birthplace of Father, .	Raylston Mass
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	E. L. Wood Henry Kenton Rd. 25

DATED at Southboro, on May 31 18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed. Dec. 1893. — 5,000.

No. 17

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 1 st 1894
2. Name,	Thomas Cuneen
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	M.
4. Color,†	W
5. Age,	30 Years, 2 Months, 15 Days.
(Disease or Cause of Death,	Consumption
6. { Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	
8. Occupation,	
9. Place of Death, . . .	
10. Place of Birth, . . .	Southborough Mass
11. Name of Father, . .	Michael
12. Name of Mother, . .	Miriam Rafferty
(Maiden Name)	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"
15. Place of Interment, .	Marlborough I.C. Cemetery
Signature of Undertaker or other person making the Return,	F. A. McGill

DATED at _____, on June 3 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

6111011
28
single

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Frank Gaughan

Date and Place of Death, -

died at Southboro. June 4 1894

Disease or Cause of Death, -

of Pneumonia Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.,

Ashland Mass

Date of Certificate,

June 5 1894.

*Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Ernest H. Flagg -

Age, 21 yrs

Date and Place of Death,† -

died at Southboro (Southville) May 30 1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Diabetes

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield and Ashland Mass

Date of Certificate,

May 31. 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

No. 18

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 4, 1894
2. Name,	Frank Coughlan
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	28 Years, . . . Months, . . . Days.
{ Disease or Cause of Death,	
6. { Duration of Sickness; .	One week
{ By whom certified, .	Dr. Geo. W. Butterfield
7. Residence,	Clinton, Mass.
8. Occupation,	Laborer
9. Place of Death,	Southton
10. Place of Birth,	Clinton
11. Name of Father,	Frank
12. Name of Mother,	Sarah Kane
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	Ireland
15. Place of Interment,	Clinton
Signature of Undertaker or other person making the Return,	Wm. W. W. W.

DATED at South Boston, on June 5, 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Burial Permit,

And Permit for Removal.

Westboro June 5 1894
 (City or Town.) (Date.)

All the preliminary requirements of law having been complied with,
 permission is hereby given to W. R. M^r Farland for the removal
 from Westboro, and the interment at Southboro of
 (To be filled out in case of removal.)
 the body of Charles M. Bickford who died at Westboro
 Number 5th Street, on the 5th day of June 1894,
 aged 35 years, months, days.

Henry L. Chase Ag't Bd of Health.

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk.)

Plato. Ed. December, 1891. 6000.

No. 19

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 11. 1894
2. Name,	Winifred A. Carpenter
(Maiden Name),*	
(Name of Husband),*	Bartholomew Carpenter
3. Sex, and whether single, Married, or Widowed,	single
4. Color,†	White
5. Age,	5. Years, 6. Months, Days.
{ Disease or Cause of Death, (Primary and Secondary),†	
6. Duration of Sickness, .	
{ By whom certified, .	Dr. Bradley
7. Residence,	Southboro
8. Occupation,	
9. Place of Death, . . .	Southboro Mass.
10. Place of Birth, . . .	Southboro Mass.
11. Name of Father, . . .	Bartholomew Carpenter
12. Name of Mother, . . . (Maiden Name),	Mary Harmon
13. Birthplace of Father, .	New York City
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	Woburn Mass.
Signature of Undertaker or other person making the Return,	{ D. F. Callahan

DATED at Southboro, on June 12th 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Winifred Agnes Carpenter Sep. 6^{mo}

Date and Place of Death, -

died at Southboro, June 11th 1894

Disease or Cause of Death, -

of Heart disease Duration of Sickness about three mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

S. S. Bradley Westborough Mass.

Date of Certificate,

June 12th 1894

* Or Sex of Infant (not named).

No. 50

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 15 - 1894
2. Name,	Wm D Byrne
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	61 Years, - 5 Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Cancer of Stomach
6. Duration of Sickness,	2 1/2 months
(By whom certified,	
7. Residence,	Southboro
8. Occupation,	Wagonman
9. Place of Death,	Southboro
10. Place of Birth,	Button Pt
11. Name of Father,	John Byrne
12. Name of Mother,	Margaret Acartow
(Maiden Name),	Bartholmew
13. Birthplace of Father,	W. S.
14. Birthplace of Mother,	Cambridge Mass
15. Place of Interment,	
Signature of Undertaker or other person making the Return,	Wm R Macfarland

DATED at Southboro, on June 15 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 4
2. Name,	Isaac Lemman
(Maiden Name),* . . .	
(Name of Husband),* . . .	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	27 Years, . . . Months, . . . Days.
(Disease or Cause of Death,	Killed instantly
6. { Duration of Sickness, .	on railroad
{ By whom certified, . . .	
7. Residence,	
8. Occupation,	Labour
9. Place of Death,	Southboro
10. Place of Birth,	Hinland
11. Name of Father,	Isaac Lemman
12. Name of Mother,	
13. Birthplace of Father,	Hinland
14. Birthplace of Mother,	"
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on July 8, 1896

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

To the Clerk of the Town in which the Death occurred.

To the Clerk of the Town in which the Death occurred.

DATED at Wardville, on July 24 1897

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Harold C. Berry

Age, 1 yr - 21 days

Date and Place of Death,† -

died at Southboro July 24

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Meningitis

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Date of Certificate,

July 25

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

No. 21

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death, . . .	July 31 - 1894
2. Name,	Mary E. Pease
(Maiden Name),*	" " " Chamberlain
(Name of Husband),*	Arden L. Pease
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	23 Years, 3 Months, 7 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Tuberculosis of Bowels.
6. Duration of Sickness, .	17 Months
(By whom certified, .	
7. Residence,	Scituate, Scituate
8. Occupation,	Housewife
9. Place of Death,	Scituate, Scituate
10. Place of Birth,	Scituate
11. Name of Father,	Eugene Chamberlain
12. Name of Mother,	Emma G. Stone
(Maiden Name),	
13. Birthplace of Father, .	Scituate, Mass
14. Birthplace of Mother, .	Boston " "
15. Place of Interment, .	Scituate " "
Signature of Undertaker or other person making the Return,	Wm R. Macferson

DATED at Scituate, on July - 31 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mary C. Page

Age, 23 yr. 3 mo. 7 da.

Date and Place of Death,† -

died at Southton July 31, 1894.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of Tuberculosis of Bowels

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Date of Certificate,

July 31

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the _____ of _____
(City or Town.)

during the month of _____ 18 .

1. Date of Death, . . .	Aug. 1, 1894
2. Name,	Mary Elizabeth Sullivan
(Maiden Name), . .	
(Name of Husband),	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,	
5. Age,	— Years, 5 Months, 3 Days.
{ Disease or Cause of Death,	(Nothing)
6. Duration of Sickness,	24 2 days
{ By whom certified, . .	
7. Residence,	Somerton
8. Occupation,	
9. Place of Death, . . .	"
10. Place of Birth, . . .	
11. Name of Father, . .	John T.
12. Name of Mother, . .	Julia (Murphy)
(Maiden Name.)	
13. Birthplace of Father, .	Somerton
14. Birthplace of Mother, .	
15. Place of Interment, .	Marathon Mass

I certify that the foregoing is a true copy.

Attest:

_____ 18 .

(City or Town.) Clerk.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Stephen Cantello Age, 54 yrs
Date and Place of Death,† - died at Southboro Aug. 7 1894.
Disease or Cause of Death, - of Rheumatism of Heart
(Primary and Secondary.)‡
Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Geo. W. Butterfield M.D.
Date of Certificate, Aug. 8 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 7 th 1894
2. Name,	Stephen Cantell
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widower.
4. Color,†	White
5. Age,	57 Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary),‡	Rheumatism
6. Duration of Sickness, .	3 Days
By whom certified, .	Dr Butterfield.
7. Residence,	Lynn Mass.
8. Occupation,	Carpenter - Soldier in
9. Place of Death, . . .	Gaithville Mass.
10. Place of Birth, . . .	Bradford England
11. Name of Father, . .	William Cantell.
12. Name of Mother, . .	
(Maiden Name),	
13. Birthplace of Father, .	Bradford England.
14. Birthplace of Mother, .	Bradford England.
15. Place of Interment, .	Southboro Mass

Signature of Undertaker
or other person making
the Return,

} Henry Newton

DATED at Southboro , on Aug 9 18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Joseph R. Burnett

Age, 73 1/2

Date and Place of Death,† -

died at Southboro; Aug. 11th

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Accident

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. H. Robinson M.D.

Date of Certificate,

Southboro; Aug. 14 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 11 1894
2. Name,	Joseph Burnell
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	married
4. Color,†	—
5. Age,	78 Years, 9 Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Accident
6. { Duration of Sickness, .	2 hours
{ By whom certified, .	Dr J H Robinson
7. Residence,	Southborough
8. Occupation,	Cherrish
9. Place of Death, . . .	Southborough
10. Place of Birth, . . .	Southborough
11. Name of Father, . . .	Charles Ripley Burnell
12. Name of Mother, . . .	Kezia Pond
(Maiden Name),	
13. Birthplace of Father, .	Southborough
14. Birthplace of Mother, .	Franklin Mass.
15. Place of Interment, .	Southborough
Signature of Undertaker or other person making the Return,	} Henry Newton

DATED at Southboro, on Aug 14 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 25

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 15 - 1894 -
2. Name,	Maggie Pender -
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 9 Months, 27 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Cholera Infantum
6. Duration of Sickness, .	2 days -
(By whom certified, .	Dr Butterfield -
7. Residence,	Fayville
8. Occupation,	
9. Place of Death, . . .	"
10. Place of Birth, . . .	Boston
11. Name of Father, . .	Wm Pender -
12. Name of Mother, . .	Latie (Mackey)
(Maiden Name),	
13. Birthplace of Father, .	St Johns N. F.
14. Birthplace of Mother, .	Haver Grace N. F.
15. Place of Interment, .	Malden -
Signature of Undertaker or other person making the Return,	} Henry Newton

DATED at Fayville, on Aug 15 - 1894.* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. - 5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Sarah Hewton

Age, 55 yrs. 8 mos. 9 ds

Date and Place of Death,† -

died at Southbrook, Mass. Aug. 19

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Chronic Spinal Meningitis.

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butler Field M.D.

Date of Certificate,

Aug. 19

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 19
2. Name,	Sarah L. Newton
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	55 Years, 8 Months, 9 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	Chronic Spinal Meningitis
6. { Duration of Sickness, .	1 yr - 3 mo
{ By whom certified, .	Geo. W. Butterfield M.D.
7. Residence,	Southboro
8. Occupation,	House keeper
9. Place of Death, . . .	Gayville - Southboro
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Russell Newton
12. Name of Mother, . . . (Maiden Name),	Ann Newton
13. Birthplace of Father, .	Southboro
14. Birthplace of Mother, .	
15. Place of Interment, .	4 11
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Aug 20 18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death, *Aug 19th 1894*
 Name, *Harold Powland Macmun*
 Maiden Name,* _____ Sex, *Male*
 Married, single or widow, *Single* wife of _____
 Color, *White* Age, { _____ years.
 { *11* months.
 { *20* days.
 Residence, *Fayville Mass*
 Place of death, Street and No. *"* *"* Ward, _____
 Place of birth, *"* *"* Occupation, _____
 Name of mother, *Mary* Maiden name, *Churchill*
 Name of father, *George S Macmun*
 Birthplace of father, *Somerville Mass*
 Birthplace of mother, *Nova Scotia*
 Place of interment,† *Canada*

*If a married woman or widow.

†Give the name of the burial ground.

Signature of Undertaker or other person
 making the return.

J. Frank Child

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Mass., *Aug 20* 1894
 Name of Deceased, *Harold Powland Macmun*
 Date and Place of Death, *Augst 19 - 94 Fayville Mass*
 Disease or Cause of Death, *Cholera infantum* *duration of
three days

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, *George J Searle & Newton St Marlboro Mass*

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE.]

Released on ledge

Burial Permit,

(And Certificate of Registry.)

Permission is hereby given to *Samuel Livingstone* for the Interment
at *Pa*, of the body of *Frank A. Livingstone*
who died at *Southton, Mass* [Number , Street,] on the _____ day
of _____ 188 , aged _____ years, _____ months, _____ days ; — the facts required by ~~chapter~~
~~twenty one of the General Statutes~~ having been returned and recorded.

Town Clerk.

Dated at _____, *Aug. 27* 188 .

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Francis Livingston, about*
Age, *33*
Date and Place of Death,† - died at *Southborough, Mass Aug 27, 1894.*
Disease or Cause of Death, - of *Killed on R.R. Ledge*
(Primary and Secondary.)‡
Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *W. A. Jewett M.D. Med. Examiner*
Date of Certificate, *Aug. 27th* 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Name unknown* Age, *24 years.*
 Date and Place of Death,† - *Southbury. Found dead 1/2 mile east of Sept. 1894.*
 Disease or Cause of Death, - *Probably fell from the train in motion*
 (Primary and Secondary.)‡
 Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician *Henry A. Jewett M.D. Med. Examiner*
 Date of Certificate, *Aug. 27th* 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

No. 29

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug - 27 - 1894
2. Name,	unknown
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single,	unknown
Married, or Widowed,	unknown
4. Color, †	White
5. Age,	25 Years, . . . Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	tell from Gram
6. Duration of Sickness,	
(By whom certified,	
7. Residence,	unknown
8. Occupation,	
9. Place of Death,	Carver's Southboro Mass
10. Place of Birth,	unknown
11. Name of Father,	" "
12. Name of Mother,	" "
(Maiden Name),	
13. Birthplace of Father,	" "
14. Birthplace of Mother,	" "
15. Place of Interment,	Southboro Mass
Signature of Undertaker or other person making the Return,	Am R. Macfarland

DATED at Carver's, on Aug - 27 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Emily Blair

Age, 46 yrs. 2 mo 24 ds

Date and Place of Death,† -

died at

Southward Mass Aug. 28

1894.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of

Consumption

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. M. Butlerfield M.D.

Date of Certificate,

Aug. 29,

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

#31

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 28. 1894
2. Name,	Emily Augusta Blair
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	46 Years, 2 Months, 24 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Consumption
6. { Duration of Sickness, .	
{ By whom certified, .	Geo. W. Butterfield M.D.
7. Residence,	Fairville, Mass.
8. Occupation,	
9. Place of Death,	Fairville.
10. Place of Birth,	Fairville.
11. Name of Father,	John Blair
12. Name of Mother,	Eliza (Thurston)
(Maiden Name),	
13. Birthplace of Father,	Peterborough, N. H.
14. Birthplace of Mother,	Frammingham Mass.
15. Place of Interment,	Southborough Mass.
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Aug 30 18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

John James O'Brien

Age, 3 years 10 1/2

Date and Place of Death,† -

died at Smithtown Sept. 4

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Cholera Infantum

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield M.D. Ashland Mass.

Date of Certificate,

Sept. 6

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name),*
(Name of Husband),*
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age, Years, 2, Months, 13, Days.
(Disease or Cause of Death,
6. Duration of Sickness,
By whom certified,
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

DATED at Singapore, on 8th 1892.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Ed. June, 1889. 5-M.

No. 34

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 11 1894
2. Name,	Mary L. Bishmer
(Maiden Name),*	Gamarke
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	1 Years, 2 Months, Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Cholera Infantum
6. Duration of Sickness, .	2 Days
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	"
11. Name of Father, . . .	John Bishmer
12. Name of Mother, . . .	Guliah Githam
(Maiden Name),	Gernadel
13. Birthplace of Father, .	
14. Birthplace of Mother, .	"
15. Place of Interment, .	Westboro Mass
Signature of Undertaker or other person making the Return,	Wm R Macfarlane
DATED at <u>Southboro</u> , on <u>Sept 11</u> 18 <u>94</u>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Aug. 1894.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mary L Gamache
Date and Place of Death, - died at Southbury Sept. 11, 1894,
Disease or Cause of Death, - of Meningitis Duration of Sickness 2 Days
Age 1 year - 2 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Geo. W. Butterfield M.D. Ashland Mass
Date of Certificate, Sept. 12 1894

* Or Sex of Infant (not named).

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Delia E. Heary

Age,

19

Date and Place of Death, -

died at

Southboro Mass.

Sept. 18, 1894

Disease or Cause of Death, -

of Consumption

Duration of Sickness

About 6 mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

J. E. Smith M.D. Marlboro,

Date of Certificate,

Sept. 20, 1894

*Or Sex of Infant (not named).

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 15 - 1884
2. Name,	Delia E. Neary
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	F.
4. Color,†	W.
5. Age,	19 Years, 2 Months, 26 Days.
{ Disease or Cause of Death,	Consumption
{ Duration of Sickness, .	About 6 mos.
{ By whom certified, .	H. E. Summitt M. D.
7. Residence,	Southboro Mass
8. Occupation,	
9. Place of Death,	Southboro Mass
10. Place of Birth,	"
11. Name of Father, . . .	John
12. Name of Mother, . . .	Bridget Moran
(Maiden Name)	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"
15. Place of Interment, .	I. C. Cemetery Marlboro
Signature of Undertaker or other person making the Return,	{ H. A. McGill Marlboro Mass

DATED at, on Sept 21 1884

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 36

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 23 1894
2. Name,	John Sticklin
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color,†	
5. Age,	2 Years, 2 Months, 18 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Septicæmia byæmia
6. Duration of Sickness, .	14 Days
(By whom certified, .	
7. Residence,	Woburn, MA
8. Occupation,	Amalgamation
9. Place of Death, . . .	Leicester, Southboro
10. Place of Birth, . . .	Switzerland
11. Name of Father, . . .	Samuel Sticklin
12. Name of Mother, . . . (Maiden Name),	Emmeline
13. Birthplace of Father, .	Switzerland
14. Birthplace of Mother, .	
15. Place of Interment, .	Woburn, MA
Signature of Undertaker or other person making the Return,	Wm C. Humphreys

DATED at Leicester, on Sept 23 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Aug. 1894.—5,000.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, Oct. 2^d 1894
2. Name, Jeremiah McCarthy
(Maiden Name),*
(Name of Husband),*
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age, 55 Years, Months, Days.
6. { Disease or Cause of Death, Killed on railroad
Duration of Sickness, Instant
By whom certified, Henry A. Jewett,
7. Residence, Southboro
8. Occupation, Laborer on B. & N. R.
9. Place of Death, Southboro
10. Place of Birth, Cork, Ireland
11. Name of Father, Daniel McCarthy
12. Name of Mother, Felice McCarthy
13. Birthplace of Father, Cork Ireland
14. Birthplace of Mother, Brandon Ireland
15. Place of Interment, So. Framingham Mass

Signature of Undertaker
or other person making
the Return,

} Henry Newton
} Hattie Sponghue

DATED at Southboro, on Oct. 5 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 41

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 2 ^d 1894
2. Name,	Jeremiah McCarthy
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Unknown
4. Color,†	
5. Age,	Suffered 65 years, . . . Months, . . . Days.
Disease or Cause of Death	Accident on rail road
6. Duration of Sickness, .	Instant Death
By whom certified, .	Dr. Jewett
7. Residence,	
8. Occupation,	Labourer on B. & N.
9. Place of Death,	Southboro
10. Place of Birth,	
11. Name of Father,	
12. Name of Mother,	Unknown
13. Birthplace of Father, . .	
14. Birthplace of Mother, . .	
15. Place of Interment, . . .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Oct 5th 18 94

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Jeremiah M. Carty — about
Age, 65 years

Date and Place of Death, -

died at Southborough, Mass. Oct. 27th 1894.

Disease or Cause of Death, -

Killed on the Duration of Sickness,
Railroad at Fayville, Southboro, Mass.

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

Henry A. Jewett M. D. Med. Examiner
Thorncaster County,

Date of Certificate,

Oct. 27th 1894.

*Or Sex of Infant (not named).

[May, 1888.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Mass.,

Oct 6 1894

Name of Deceased,

Katie Barker

Date and Place of Death,

Southboro,

Disease or Cause of Death,

Dysentery

*duration of

7 days

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence,

P. J. Driscoll In D. Marlboro Town

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE.]

M. M. Kate Barker

No. of Permit

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death,

Oct 5th 1894

Name,

Katie Bunker

Maiden Name,*

—

Sex,

F

Married, single or widow,

—

wife of

—

Color,

W

Age,

12

years.

6

months.

9

days.

Residence,

Southboro

Place of death, Street and No.

Southboro

Ward,

Place of birth,

Clinton

Occupation,

—

Name of mother,

Katie Bunker

Maiden name,

X (Hester)

Name of father,

George Bunker

Birthplace of father,

Barnum

Birthplace of mother,

Ireland

Place of interment,†

Clinton

*If a married woman or widow.

†Give the name of the burial ground.

Signature of Undertaker or other person

making the return.

}

J H Brown

No. 39

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 5 - 1894.
2. Name,	Ellen Sophia Wood.
(Maiden Name),*	" " Newton
(Name of Husband),*	Morgan Woods.
3. Sex, and whether single, Married, or Widowed,	Widow.
4. Color,†	
5. Age,	62 Years, 10 Months, 10 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	
6. { Duration of Sickness, .	
{ By whom certified, .	Dr. Bulfinch.
7. Residence,	Fayouille
8. Occupation,	
9. Place of Death, . . .	" Southboro
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Russell Newton
12. Name of Mother, . . .	Ann Newton
(Maiden Name),	
13. Birthplace of Father, .	Southboro -
14. Birthplace of Mother, .	"
15. Place of Interment, .	"
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Oct 5 - 1894.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Ellen S. Wood Age, 62 yrs 10 mo 12 da
Date and Place of Death,† - died at Southford, Oct. 5, 1894.
Disease or Cause of Death, - of Cancer of Bowels
(Primary and Secondary.)‡
Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Geo. W. Butterfield M.D.
Ashland Maine. Date of Certificate, Oct. 7, 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death, *October 7th 1894*

Name, *Rosetta Connor*

Maiden Name,* *_____* Sex, *F.*

Married, single or widow, *_____* wife of *_____*

Color, *W.* Age, { *1* years.
3 months.
7 days.

Residence, *Southboro*

Place of death, Street and No. *Payville Road* Ward, *—*

Place of birth, *Providence* Occupation, *—*

Name of mother, *Mary Connor* Maiden name, *Mary McKellogg*

Name of father, *John Connor*

Birthplace of father, *Vermont*

Birthplace of mother, *Laurence*

Place of interment,† *Laurence*

*If a married woman or widow. †Give the name of the burial ground.

Signature of Undertaker or other person making the return. } *J. H. Brown* E.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Mass., *Oct. 8th* 189*4*

Name of Deceased, *Rosetta Connor*

Date and Place of Death, *Payville, Oct. 7th '94*

Disease or Cause of Death, *Inanition* *duration of *6 mos*

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, *J. H. Brown M. D.*

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Oct 12 - 1884
2. Name,	Joseph Bowles
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	M.
Married, or Widowed,	S.
4. Color,†	W
5. Age,	18 Years, 9 Months, 12 Days.
(Disease or Cause of Death,	
6. { Duration of Sickness,	
{ By whom certified,	
7. Residence,	Southboro Mass
8. Occupation,	Painter
9. Place of Death,	Southboro Mass
10. Place of Birth,	Roxbury Mass
11. Name of Father,	James Bowles
12. Name of Mother,	Ann Post
(Maiden Name)	
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	"
15. Place of Interment,	
Signature of Undertaker or other person making the Return,	} F. A. McGill Marlboro Mass

DATED at _____, on Oct. 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Joseph Bowles

Age,

18

Date and Place of Death, -

died at

Southford Mass Oct 12 1894

Disease or Cause of Death, -

of

Septicæmia Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas. Knight

Date of Certificate,

Oct 15

1894

*Or Sex of Infant (not named).

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

No. 42

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death, . . .	Oct 19 - 1894
2. Name,	Clara L Sommerman
(Maiden Name),*	Clara L Benoit
(Name of Husband),*	Henry J Sommerman
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	37 Years, 1 Months, 15 Days.
{ Disease or Cause of Death, (Primary and Secondary),†	Consumption of Lungs
6. Duration of Sickness, .	1 year & 5 months
{ By whom certified, .	Southville Southboro
7. Residence,	Religious, Ladie
8. Occupation,	Southboro
9. Place of Death, . . .	
10. Place of Birth, . . .	"
11. Name of Father, . .	B F Benoit
12. Name of Mother, . .	Susan J Benoit
(Maiden Name),	
13. Birthplace of Father, .	Hopkinton Mass
14. Birthplace of Mother, .	Southboro " "
15. Place of Interment, .	Southboro " "
Signature of Undertaker or other person making the Return, }	W R Macfarland
DATED at <u>Southboro</u> , on <u>Oct 19</u> 18 <u>94</u>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Clara S. Sommerman
Date and Place of Death, - died at South Tr.; Oct., 19. 1894
Disease or Cause of Death, - of Consumption Duration of Sickness 18 mo.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Geo. W. Butterfield M.D. Ashland
man Date of Certificate, Oct. 19. 1894

* Or Sex of Infant (not named).

No.

43

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov. 3 / 1894
2. Name,	Charles H. Glover
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	W
5. Age,	43 Years, 11 Months, 20 Days.
6. { Disease or Cause of Death, (Primary and Secondary), ‡	
{ Duration of Sickness, .	
{ By whom certified, .	Dr. C. H. Robinson
7. Residence,	Southboro "Rayville"
8. Occupation,	Clerk
9. Place of Death,	Southboro "Rayville"
10. Place of Birth,	Hebron Me.
11. Name of Father,	Robert Glover
12. Name of Mother,	Miranda Marshall
(Maiden Name),	
13. Birthplace of Father,	Hebron Me.
14. Birthplace of Mother,	Paris Me.
15. Place of Interment,	Hebron Me.
Signature of Undertaker or other person making the Return,	E. L. Bridges

DATED at Southboro, on Nov 5 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 45

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Dec. 17, 1894.</i>
2. Name,	<i>Charles Schofield</i>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	<i>Married</i>
4. Color,†	
5. Age,	<i>21 Years, 5 Months, 1 Days.</i>
(Disease or Cause of Death, (Primary and Secondary),‡	<i>Killed on Railroad</i>
6. Duration of Sickness, .	
By whom certified, .	<i>Medical examn Dr Jewett</i>
7. Residence,	<i>Southboro</i>
8. Occupation,	<i>Farmer</i>
9. Place of Death,	<i>Southboro</i>
10. Place of Birth,	<i>Nova Scotia</i>
11. Name of Father,	<i>Alanzo Schofield</i>
12. Name of Mother, (Maiden Name),	<i>Matilda</i>
13. Birthplace of Father, .	<i>Nova Scotia</i>
14. Birthplace of Mother, .	<i>Nova Scotia</i>
15. Place of Interment, .	<i>Southboro</i>
Signature of Undertaker or other person making the Return,	<i>Henry Newton</i>
DATED at <i>Southboro</i> , on <i>Dec 18</i> 18 <i>94</i>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 31 - 1894
2. Name,	Mary Elizabeth Hayden
(Maiden Name), *	" " Whitcomb
(Name of Husband), *	Francis W. Hayden
3. Sex, and whether single,	Female
Married, or Widowed,	Married
4. Color, †	W
5. Age,	66 Years, — Months, 24 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Bright's Disease
6. { Duration of Sickness, .	
{ By whom certified, .	Geo. W. Butterfield M.D. ^{Westland Mass}
7. Residence,	Southboro
8. Occupation,	Housewife
9. Place of Death,	Southboro
10. Place of Birth,	Southboro ^{Oxford N.H.}
11. Name of Father, . . .	David H. Whitcomb
12. Name of Mother, . . .	Ann Tainter
(Maiden Name),	
13. Birthplace of Father, .	Oxford - N.H.
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Westboro
Signature of Undertaker or other person making the Return,	E. L. Good

DATED at Southboro, on Jan 1 1895

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Charles Scofield

Age, 23.

Date and Place of Death, -

Cordarius

died at Southborough, Mass. Dec. 17th 1894.

Disease or Cause of Death, -

of Killed on R. Road

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Henry A. Jewett M.D.

Med. Examiner.

Date of Certificate, Dec. 18th 1894.

*Or Sex of Infant (not named).

[May, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Mrs. Mary Elizabeth Hayden Age, 66 yrs.
Date and Place of Death,† - died at Southboro Dec 31 1894,
Disease or Cause of Death, - of Bright's Disease
(Primary and Secondary.)‡
Duration of Sickness, - - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Geo. M. Butterfield M.D.
Andover Mass. Date of Certificate, Jan. 2 1895.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. August, 1894. — 5,000.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec. 31. 1894
2. Name,	Mary Elizabeth Hayden
(Maiden Name),*	Whitcomb
(Name of Husband),*	Francis W. Hayden
3. Sex, and whether single, Married, or Widowed,	Female M.
4. Color,†	
5. Age,	66 Years, — Months, 24 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Bright Disease
6. Duration of Sickness,	
(By whom certified,	G. W. Butterfield M.D.
7. Residence,	Southern
8. Occupation,	Housewife
9. Place of Death,	Southern
10. Place of Birth,	Oxford N.H.
11. Name of Father,	Leah A.
12. Name of Mother,	Ann (Fairbank)
(Maiden Name),	
13. Birthplace of Father,	Oxford N.H.
14. Birthplace of Mother,	Oxford N.H.
15. Place of Interment,	Westboro.
Signature of Undertaker or other person making the Return,	E. S. Moore

DATED at Southern, on Jan. 2 1895.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed. Aug. 1894. — 5,000.